STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195302	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trinity Trace Community Care Center	612 Holy Trinity Drive Covington, LA 70433

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record reviews and interviews, the facility failed to ensure the Minimum Data Set (MDS) assessments accurately reflected the resident's status for 2 (#6 and #28) of 16 sampled residents reviewed for resident assessment. Resident #6 Review of Resident #6's Clinical Record revealed an admission date of 08/19/2022 with diagnoses, which included Cerebral Infarction due to Unspecified Occlusion or Stenosis of Unspecified Carotid Artery. Review of Resident #6's Annual MDS with an Assessment Reference Date (ARD) of 05/23/2025 revealed in part, the following: Question N0415E1: Medications: Anticoagulant: Yes. Review of Resident #6's Quarterly MDS with an ARD of 08/23/2025 revealed in part, the following: Question N0415E1: Medications: Anticoagulant: Yes. Review of Resident #6's Physician Orders revealed in part, the following: Start date: 11/22/2025, Clopidogrel Bisulfate 75 milligram (mg), give 75 mg by mouth one time a day. Further review revealed no physician order for anticoagulant. Review of Resident #6's Medication Administration Record (MAR) for May 2025 and August 2025 revealed no documented anticoagulant given. An interview was conducted on 12/03/2025 at 9:23 a.m. with S3MDS. She reviewed Resident #6's MDS with an ARD of 05/23/2025, Resident #6's MDS with an ARD of 08/23/2025, and Resident #6's current and discontinued Physician Orders. She confirmed Question N0415E1 was coded yes on both assessments, indicating Resident #6 was taking an anticoagulant, and further confirmed the coding was inaccurate. Resident #28 Review of Resident #28's Clinical Record revealed an admission date of 07/23/2024 with diagnoses, which included Hypertensive Heart and Chronic Kidney Disease with Heart Failure and Atrial Fibrillation. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #28's Quarterly MDS with an ARD of 10/15/2025 revealed in part, the following: Question N0415I1: Medications: Antiplatelet: No. Review of Resident #28's Physician Orders revealed in part, the following: Start date: 12/10/2024, Aspirin 81 mg, give 81 mg by mouth one time a day. Review of Resident #28's MAR for October 2025 revealed documented administrations of Aspirin 81mg by mouth daily per Physician Order. An interview was conducted on 12/03/2025 at 4:00 p.m. with S3MDS. She reviewed Resident #28's MDS with an ARD of 10/15/2025 and Resident #28's current and discontinued Physician Orders. She confirmed Question N0415I1 was coded no, indicating Resident #28 was not taking an antiplatelet, and further confirmed the coding was inaccurate. An interview was conducted on 12/03/2025 at 4:15 p.m. with S2DON. She reviewed the above mentioned MDS assessments and confirmed all residents' MDS should be accurately coded for the medications they received.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, and interviews, the facility failed to ensure services were provided to meet quality professional standards by failing to transcribe physician's orders accurately for 1 (#100) of 4 (#33, #83, #100 and #119) residents reviewed for medication administration. Findings:Review of the facility's policy titled, Reconciliation of Medication on admission dated 2001, revealed the following, in part:Purpose:The purpose of this procedure is to ensure medication safety by accurately accounting for the resident's medications, routes and dosages upon admission . to the facility.Preparation1. Gather the information needed to reconcile the medication list: b. admission order sheetGeneral Guidelines1. Medication reconciliation is .creating an accurate list of both prescription and over the counter medications that includes the drug name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or omissions at transition points in care.4. Medication reconciliation helps to ensure that medications, routes and dosages has been accurately communicated.Review of Resident #100's clinical record revealed she was admitted to the facility on [DATE] with diagnoses, which included Glaucoma.Review of Resident #100's discharge instructions dated 07/02/2025-08/01/2025 revealed the following medication order:Dorzolamide 2% ophthalmic solution, place one drop into both eyes 2 times a day.Review of Resident #100's current physician's orders revealed the following:Start date 10/17/2025 - Dorzolamide HCL Solution 2%, Instill 1 drop in left eye two times a day.Review of Resident #100's November and December MARs revealed the following:Start date 10/17/2025 - Dorzolamide HCL Solution 2%, Instill 1 drop in left eye two times a day.On 12/02/2025 at 8:00 a.m., an observation was made of S8STAFF administering 1 drop of Dorzolamide HCL 2% into each eye of Resident #100. On 12/02/2025 at 10:55 a.m., an interview was conducted with S8STAFF. She reviewed and confirmed the Electronic Health Record's order was to administer 1 drop of Dorzolamide 2% in the left eye only. She then reviewed and confirmed the prescription on the bottle read to instill 1 drop in each eye. On 12/02/2025 at 3:32 p.m., an interview was conducted with S9STAFF. S9STAFF confirmed there was an error in transcription and the correct order for Resident #100 was Dorzolamide HCL Solution 2 %, instill 1 drop in both eyes. On 12/03/2025 at 8:50 a.m., an interview was conducted with S10STAFF. She stated she was responsible for transcribing physician orders for residents. She stated the LPN was then responsible for verifying the medication orders before releasing them for administration. She reviewed Resident #100's medication orders and the medication order placed into the Electronic Health Record and confirmed she had made an error. On 12/03/2025 at 9:26 a.m., an interview was conducted with S11STAFF. She confirmed she admitted Resident #100. She stated she was responsible for verifying the medication orders entered into the Electronic Health Record before releasing them for administration and she did not. On 12/03/2025 at 10:05 a.m., an interview was conducted with S2DON. She confirmed Medical Records should accurately transcribe physician orders when a resident was admitted to the facility. She confirmed the admitting nurse should verify the medication orders for accuracy prior to releasing the medication orders for administration.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to store and prepare food in accordance with professional standards for food service safety. The facility failed to ensure:1. Food was properly labeled in the facility's refrigerator; 2. Food products had not exceeded their expiration date; and3. Reheated food reached an internal temperature of 165 degrees Fahrenheit for 15 seconds. Findings:1.Review of the facility's policy, titled, Food Receiving and Storage, with a date of 2011, revealed:Policy Statement: Food shall be received and stored in a manner that complies with safe food handling practices.Policy Interpretation and Implementation:8. All foods stored in the refrigerator .will be covered, labeled and dated.14. Food items and snacks kept on the nursing units must be maintained as indicated below:b. All foods belonging to residents must be labeled with resident's name, the item and the receives date and or open date. On 12/01/2025 at 9:06 a.m., an observation was made of POD D's resident refrigerator located in the kitchenette. Further observation revealed POD D's resident refrigerator contained 1 large to-go container covered with aluminum foil and 1 plastic container labeled with a resident's name but no date.On 12/01/2025 at 9:10 a.m., an interview was conducted with S5STAFF. She observed and confirmed POD D's resident refrigerator contained 1 large to-go container covered with aluminum foil and 1 plastic container labeled with a resident's name only but no date.On 12/01/2025 at 1:17 p.m., an interview was conducted with S1ADM. S1ADM confirmed all food brought in by a resident's family should be labeled with a date and resident's name. 2. On 12/01/2025 at 9:06 a.m., an observation was made of POD D's unit refrigerator. Further observation revealed 7 - 8 ounce cartons of chocolate protein shakes with an expiration date of October 2025. On 12/01/2025 at 9:10 a.m., an interview was conducted with S5STAFF. She confirmed POD D's unit refrigerator contained 7 - 8 ounce cartons of chocolate protein shakes with an expiration date of October 2025 and were readily available for resident consumption. On 12/01/2025 at 1:17 p.m., an interview was conducted with S1ADM. He confirmed expired food items should not be readily available for resident consumption. 3.Review of the facility's policy, titled, Food Preparation and Service, with a date of 2011, revealed:Policy Statement: Food and nutrition services employees prepare and serve food in a manner that complies with safe food handling practices.Policy Interpretation and ImplementationFood Preparation, Cooking and Holding Time/Temperatures9. Previously cooked food is reheated to an internal temperature of 165 degrees Fahrenheit for at least 15 seconds. 11. Mechanically altered hot foods prepared for a modified consistency diet remain above 135 degrees Fahrenheit during preparation or they are reheated to 165 degrees Fahrenheit for at least 15 seconds. On 12/01/2025 at 11:05 a.m., an observation was made of S6STAFF instructing staff to reheat a plate of purred food in the microwave. Further observation revealed no temperature checks made after reheating the food and prior to serving to the resident.On 12/01/2025 at 11:25 a.m., an observation was made of a resident's meal consisting of a hotdog, bun and chili being reheated in the microwave. Further observation revealed no temperature checks made after reheating the food and prior to serving to the resident.On 12/01/2025 at 11:30 a.m., an interview was conducted with S6STAFF. She confirmed the initial temperatures of the above mentioned foods were below 135 degrees and required reheating. She further confirmed the temperatures of the pureed meal, and the hot dog and chili were not retaken after reheating in the microwave and should have been prior to serving to the residents.On 12/01/2025 at 1:13 p.m., an interview was conducted with S7STAFF. She stated the dietary aid was responsible for checking temperatures on all food served to residents. She confirmed if a food was not hot enough, she expected staff to reheat the food in the microwave and to retake the temperature prior to serving.On 12/01/2025 at 1:17 p.m., an interview was conducted with S1ADM. S1ADM confirmed staff should take food temperatures prior to serving residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program to provide a safe and sanitary environment to help prevent the development and transmission of infection as evidenced by S4STAFF failing to practice safe injection practices for 1 (#119) of 1 resident observed for insulin injections. Findings: Review of the facility's policy dated 2001 and titled, Insulin Administration , revealed the following, in part:Purpose: To provide guidelines for the safe administration of insulin to residents with diabetes.General GuidelinesSteps in the Procedure (Insulin Injection via Syringe)17. Clean the injection site with an alcohol wipe and allow to dry.Flex Pen Insulin Administration:10. Cleanse site with alcohol. Review of Resident #119's Clinical Record revealed she was admitted to the facility on [DATE] with a diagnosis of Type 2 Diabetes Mellitus.Review of Resident #119's current Physician Orders revealed the following:Order date: 11/19/2025-Insulin Glargine Subcutaneous Solution 100units/ml, inject 12 units subcutaneously one time a day. On 12/02/2025 at 8:35 a.m., an observation was made of S4STAFF injecting Insulin Glargine into Resident #119's left, upper arm without cleansing the skin with alcohol prior to the injection.On 12/02/2025 at 8:36 a.m., an interview was conducted with S4STAFF. She confirmed she did not cleanse Resident #119's skin with alcohol prior to injecting insulin and should have. On 12/02/2025 at 9:08 a.m., an interview was conducted with DON. She confirmed staff should always cleanse the residents' skin with alcohol prior to injecting insulin.