

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER TRINITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1000 E MAIN ST ROUND ROCK, TX 78664	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for the 69 residents and 33 staff members in the facility that contracted the COVID-19 virus. The facility failed follow recommendations provided by the CDC regarding infection control measures to prevent the spread of the coronavirus in the facility that included: A. There was a barrier to separate the COVID-19 designated wing from the rest facility. B. Proper storage of PPE and biohazard bags on the COVID-19 unit. C. On the COVID-19 unit, doors to be closed and the proper wearing of PPE for the residents. D. Social distancing of residents on the secure unit. E. Sanitation of equipment in between residents. F. Staff knowledgeable of which residents had tested positive for COVID-19. G. Failed to ensure all staff members had not worked at another COVID-19 facility. This resulted in the deaths 16 residents who contracted COVID-19. An Immediate Jeopardy (IJ) was identified on 04/25/2020. While the IJ was lowered on 4/30/2020, the facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal. The facility failed to shield residents who reside in the secure unit from exposures to the COVID-19 virus which placed residents and staff at a greater risk of contracting the COVID-19 virus by failing to follow the recommendations from Center Disease and Control by: H. cohorting of residents testing positive for the coronavirus (COVID), keeping doors of positive residents closed to contain the spread of infection, and cohorting of staff to ensure the staff that provided care for the positive residents did not also provide care to the residents without the coronavirus. An Immediate Jeopardy (IJ) was identified on 05/14/2020. While the IJ was lowered on 5/17/2020, the facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy and a scope of pattern. Findings Include: A. Observation on 4/25/2020 at 3:50 p.m., revealed double doors were open from the front lobby to the station C and another set of double doors open which leads from station C the main dining room and kitchen. In an interview on 4/27/2020 at 2:30 p.m., via telephone, DSHS Epidemiologist, stated he had recommendations of: - for the facility to rework the direction in which staff members come into station C and exit station C. Epidemiologist stated the staff will have to exit the building and doff PPE in a tent to avoid cross contamination from walking through the hallways exiting the building from the front. - Epidemiologist stated the facility had a plan for tray carts to be delivered at the tunnel area, of the barrier that was being installed, and staff to place the trays on a cart that was being kept in the unit. Once the meal was completed then staff would place the trays on a table outside of the unit so that kitchen staff would be able to pick up the trays. According to the Centers for Disease controls' Interim Infection Prevention and Control Recommendation for Patients with Suspected or Confirmed Coronavirus Disease 2019 states that when long term care facilities have symptomatic or confirmed COVID-19 the resident should be on a unit with the door closed and a barrier should be a barrier in place to separate the residents on a designate COVID-19 unit. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.htm; https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html B. Observation on 4/25/2020 at 4:00 p.m., Yellow disposable gowns were available in the resident's rooms and hanging on the walls. However, gowns were observed to be hanging on the same hook or bundled up together on the tables. Observation on 4/25/2020 at 4:00 p.m., revealed no biohazard bags in each resident's room who were confirmed to have COVID-19. Observation on 4/26/2020 at 10:00 a.m., Yellow disposable gowns were available in all of the resident's rooms; however, the gowns were observed to be bundled together either on hooks or on a table. In an interview on 4/26/2020 at 11:00 a.m., CNA D and CNA E stated they did not know who was COVID positive and negative. CNA E stated she was not sure why she needed to know this information as she cares for each resident the same way by wearing a reusable yellow gown into each room Observation on 4/26/2020 at 11:00 a.m., no biohazard bags in each resident's room who was confirmed to have COVID-19. In an interview on 4/26/2020 at 12:15 a.m., ADON C stated each resident is treated the same and a yellow gown (which is kept in the room) is worn each time a facility staff member enters room to provide care. In an interview on 4/27/2020 at 12:15 p.m. CNA F stated she was not aware of who was positive or negative. CNA F stated when they go into rooms they are to place the yellow gown on prior to entering the room. In an interview on 4/25/2020 at 4:30 p.m., DON stated they in each resident room they have put into place a hook system for the yellow gowns. DON stated that for each room the staff are to don and doff the yellow gown, in the resident room, and hang up the gown to be reused. In an interview on 4/27/2020 at 2:30 p.m., via telephone., DSHS Epidemiologist, stated the facility had their staff wear a blue surgical gown and then had yellow gowns hanging up in the resident's room. Epidemiologist stated he did not recommend this practice with the yellow gowns. He stated staff should be using a new yellow gown per resident and per encounter because of the risk of cross contamination would be high with the way they were doing it. He stated the facility at this time had 8 residents who were negative, and facility is waiting for the residents to have another negative result. He stated there should not be any negative residents on the COVID-19 unit. According to the Centers for disease Control guidance on contact and droplet precautions dated 2019 states that when caring for a patient with COVID-19 staff should wear a new gown each time they enter the room and properly discard the gown before leaving the room. Disposable gowns should be discarded after each use. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.htm According to the CDC only residents with the same pathogens should be housed in the same room. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.htm According to the CDC the doors used to house residents suspected or confirmed to have COVID-19 should be kept closed except when entering and exiting. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.htm C. Observation on 4/25/2020 at 4:00 p.m., revealed Resident #1, confirmed positive for COVID-19, walking in the hallway of Station C while wearing a mask. Observation revealed Resident #2, Resident #3, Resident #4 sitting next to the nursing station, who were confirmed positive for COVID-19, and these residents were not wearing a mask. Further observations of Station C revealed residents' doors were opened while residents were in their rooms. Observation on 4/26/2020 at 10:00 a.m., revealed three residents who have tested for COVID-19 are found sitting in the common residential area as well as the group dining room (Resident #2, Resident #3,</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1) and Resident #4). Observation revealed resident's door observed to be open. Observation on 4/25/20 at 6:15p.m., revealed three residents who tested positive for COVID 19, Resident #2, Resident #3, and Resident #4 in the hallways and sitting in the common residential area without a mask on. Observation did not reveal facility staff attempting to redirect these residents to return to their rooms and or put on a mask. Observation on 4/27/2020 at 11:00 a.m., revealed many of the resident's rooms were left open and Resident #2 and Resident #3 were observed in the common area by nursing station not wearing a mask. Observation on 4/27/2020 at 2:00 p.m., revealed Resident #5, who had originally tested negative for COVID-19, was in the hallway without a mask in her wheelchair. Observation revealed Resident #3 in the lobby as well, who had tested Positive for COVID-19. Resident #5 or Resident #3 were not redirected by staff to return to their rooms during this observation. In an interview on 4/29/2020 at 10:38 a.m., DSHS epidemiologist stated the facility should keep residents who have tested negative and resident who have tested positive in their rooms, as much as possible, masked if out of their rooms to reduce the potential exposure. In an interview on 4/29/2020 at 4:29 p.m., DSHS Epidemiologist stated the resident doors needed to remain shut, continue keeping residents, who are resided on the COVID unit, that are pending results and confirmed positive in their rooms as much as possible, masked if they are out of their rooms to reduce the potential exposure as much as possible According to the Centers for Disease controls' Interim Infection Prevention and Control Recommendation for Patients with Suspected or Confirmed Coronavirus Disease 2019 states that when long term care facilities have symptomatic or confirmed COVID-19 the resident should be on a unit with the door closed and a barrier should be a barrier in place to separate the residents on a designate COVID-19 unit. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.htm; https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html According to the CDC residents should wear a face mask whenever they leave their rooms, including when residents leave the facility unless they have trouble breathing, unconscious, incapacitated, or they are unable to remove the mask by themselves. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html D. An observation on 4/25/2020 of the dinner time meal at 5:42 p.m. on the secure unit, revealed several tables of residents eating while not observing social distancing guidelines. The layout observed was as follows: - Table #1: two residents seated at the table facing each other. Both residents were within arms' length of each other. - Table #2: five residents seated at the table, facing each other. All five residents were within an arm's length apart from each other. - Table #3: seven residents seated at the table, facing each other. The seven residents were within arms' length of each other. - Table #4: two residents seated at the table facing each other. Both residents were within arms' length of each other. In an interview on 4/25/2020 at 5:45 p.m., LVN H stated that this is how each of the meals in the secure unit was conducted of how the population is in the secure unit. In an interview on 4/25/2020 6:12 p.m., DON stated the residents eat in their rooms for meals. However, that the secure unit was eating in the dining room during their normal time because this population would walk around. DON stated at this time not all of the secure unit tests have come back as negative. Review of CDC guidance reflected Healthcare personnel (HCP) working in memory care units in long-term care facilities including nursing homes, skilled nursing facilities, and assisted living facilities should follow the IPC guidance for those specific settings, which are considered supplemental guidance to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. In addition to the current IPC guidance for long-term care facilities, nursing homes and assisted living facilities providing memory care should consider the following: Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene social distancing and use of cloth covering (if tolerated). Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent. Limit personnel on the unit to only those essential for care. Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing. Provide safe ways for residents to continue to be active, such as personnel walking with individual residents around the unit or outside. Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html E. Observation on 4/25/2020 at 4:30 p.m., revealed CMA I checked Resident #6's blood pressure with wrist cuff marked with CMA I's name. Observation did not reveal sanitation of the blood pressure cuff. Observation on 4/25/2020 at 5:10 p.m., CMA I took Resident #7's blood pressure with the same cuff as Resident #6 without sanitizing the blood pressure cuff. In an interview on 4/25/2020 at 5:15 p.m., CMA I stated the blood pressure cuff is her personal property. She stated she had not sanitized the blood pressure cuff and was unaware that she was supposed to do so in between residents. In an interview on 4/25/2020 at 5:50 p.m., DON stated it was her expectations for staff to sanitize equipment between the residents. In an interview on 4/27/2020 at 12:30 p.m., CMA J stated that she has been trained to sanitize the blood pressure cuff in between each of the residents. In an observation on 4/27/2020 at 12:21 p.m., revealed CMA J checking blood pressures on Station C, the assigned COVID-19 wing, with a wheeled blood pressure unit. Continuous observation revealed: - CMA J entered Resident #8, who was confirmed positive for COVID-19, and checked the residents blood pressure. After the blood pressure was check CMA J exited Resident #8's room. No sanitation of the blood pressure unit was observed. - CMA J Green entered Resident #9's room, with the same blood pressure cuff and checked Resident #9's blood pressure. Review of facility policy dated October 2018, titled Cleaning and Disinfection of Resident Care Items and equipment reflected resident care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. Non-critical items are those that come in contact with intact skin but not mucous membranes. Non critical resident care items include bedpans, blood pressure cuffs. Reusable items are cleaned and disinfected between residents. Durable medical equipment must be cleaned and disinfected before reuse by another resident. F. In an interview on 4/25/2020 at 3:50 p.m., DON stated they had their first staff member received positive test results for COVID-19 on 4/23/2020 and her primary work assignment was on Station C. DON stated on 4/23/2020 she has 5 additional staff members from station C call in sick. DON stated she had worked with the local health department and was able to get the whole facility tested. DON stated the local health department started to focus on resident on station C because that appeared to have the most residents coming up positive for COVID-19. DON stated since most of the residents were coming up positive on the C wing they have designated this their COVID-19 unit. In an interview on 4/25/2020 at 4:30 p.m., LVN C stated she was not sure which residents were COVID-19 positive or COVID-19 negative due to resident results just came in and how could she possibly know. In an interview on 4/25/2020 at 5:30 p.m., ADON B stated she was told by the management that she had to work on the C-wing which is not her normal wing. ADON B stated she was unsure of which residents were COVID-19 positive and COVID-19 pending. In an interview on 4/25/2020 at 6:00 p.m., LVN C stated she was not aware which residents were positive and negative for COVID-19 so I treat them all the same. In an interview on 4/25/2020 at 8:00 p.m., DON stated that she did not expect staff to know who was COVID positive and negative because she just got the results in and was working on notifying the family. In an interview on 4/26/20 at 11:30 a.m., LVN C state she still was not sure who was COVID positive and negative but that she was treating each patient the same. In an interview on 4/27/2020 at 3:16 p.m., DON stated they have assigned one CNA to the residents who are negative for COVID-19 and pending the results of the re-swabbing. DON stated once the facility received a second negative result they will move the residents to an observation wing for 14 days. According to the CDC guidance regarding COVID-19 outbreaks in a facility recommends that signage should be present at the entrance of the COVID-19 unit which informs staff they must wear eye protection, and an N95 mask when entering the COVID-19 unit. Gowns and gloves should be added when entering residents' rooms. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html G. Review of CMA G personnel file reflected her application was completed on 12/29/2019. Review of employment history revealed CMA identified Facility B as a current place of employment. Interview on 4/25/2020 at 5:00 p.m. CMA G stated she works at this facility as well as facility B. Observation on 4/25/2020 at 5:00 p.m. revealed CMA G medication aide going into residents' room without donning a yellow gown each time to pass medication to a new resident. In an interview on 4/25/2020 at 8:33 p.m., DON stated CMA G had not disclosed she was working at another facility. According to Texas Health and Human Services COVID-19 response for nursing facilities having a nursing facility staff member who works at more than one nursing facility is more likely to become exposed to COVID-19 virus and will likely expose other residents and staff in more than one nursing facility making it difficult to control the spread of the COVID-19 virus. To prevent transmission nursing facilities should use separate</p>		

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Symptomatic residents should be housed separately if possible. If two residents are housed together care should be to ensure infection prevention and control measures are taken to reduce the risk of cross-contamination. Resident with COVID-19 and those who are showing symptoms of COVID-19 should not be housed together. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html The Administrator was notified on 4/25/2020 at 8:14 p.m. of Immediate Jeopardy due to the above failure. The IJ template was signed on 4/25/2020. The following Plan of Removal was submitted by the Administrator on 04/26/2020, at 12:53 a.m. and was accepted by the Survey Team at 1:09 a.m. on 4/26/2020. The facility's plan of removal was as follows: - Environmental Services is working to secure a barrier system for installation at entrance to C Hall. Installed by 4/28/2020. Administrator will ensure this will occur. QAPI Committee will monitor and meet monthly and/or as needed. - Separate hooks to accommodate resident specific gown have been installed for all dually occupied rooms and labeled A or B. All direct care staff members are being in services regarding proper storage of gowns when not in use. Installed by 4/26/2020. QAPI committee will monitor and meet monthly and/or as needed. - All resident rooms doors have been closed as feasible; any residents refusing to allow room door to be closed is being instructed to remain in their room. Staff will monitor for compliance. Resident that are unwilling or unable to comply with process will be placed in a location to allow for social distancing, while allowing for ongoing monitoring. Staff is being in-serviced regarding proper use of masks. Masks are to be worn at all times while in the facility. A surgical mask overlay will be worn while working with COVID-19 patients and will be labeled with individual staff members name. Surgical mask is used as an overlay and it will be disposed of at the end of the shift. Inservice initiated on 4/25/2020 to be completed on 4/28/2020. DON ensure that this will occur. QAPI committee will monitor and meet monthly and/or as needed. - Biohazard bags have been placed in all resident rooms and utility closets on the identified unit. Installed by 4/25/2020. DON will ensure this will occur. QAPI committee will monitor and meet monthly and/or as needed. - Resident records have been tagged to indicate COVID-19 status in the electronic medical record. A red colored dot system has been deployed with marking next to each COVID-19 positive resident's name at the entrance to their respective room while maintaining confidentiality. All staff members are being in-serviced with identifiers. Installed by 4/25/2020. Inservice started on 4/25/2020 and to be completed on 4/28/2020. DON will ensure this will occur. QAPI committee will monitor and meet monthly and/or as needed. - All staff members have completed questionnaires regarding employment at other facilities and have been informed that they can not work at other facilities concurrently. The staff member that has been identified has been suspended until further notice. All staff will be in serviced that they acknowledge not working at more than one facility. Inservice started on 4/25/2020 and to be completed on 4/28/2020. DON will ensure this will occur. QAPI committee will monitor and meet monthly and/or as needed. - Secure unit present additional challenges due to the nature of the population; efforts to feed residents in their rooms are not always successful, though will be attempted. Alternatively, the floor on the dining room is being taped at interval no closer than 6 feet apart to allow for appropriate spacing of overbed tables that will allow for social distancing during the meals. Two meal services will be done to meet the standard of no greater than 10 residents gathered in room at one time. Tables have been rearranged to accommodate 6 feet distancing. Taped to be installed on 4/25/2020. Administrator will ensure this will occur. QAPI committee will monitor and meet monthly and/or as needed. ADON will monitor that residents are encouraged to eat in rooms. QAPI committee will monitor and meet monthly and/or as needed. - All staff are being in-serviced on sanitizing equipment in between residents. Inservice initiated on 4/25/2020 and to be completed on 4/28/2020. QAPI committee will monitor and meet monthly and/or as needed. - Positive and negative residents will be isolated per result status. Completed on 4/26/2020. DON will ensure this will occur. QAPI committee will monitor and meet monthly and/or as needed. The Plan of Removal was monitored by the following: Review of In-service dated 4/25/2020 titled COVID-19 reflected resident records have been tagged to indicate COVID-19 status in the electronic medical record. A red colored dot system has been deployed with marking next to each COVID-19 positive resident's name at the entrance to their respective room while maintaining confidentiality. Separate hooks to accommodate resident specific gowns have been installed for all dually occupied rooms and labeled A or B. All direct care staff members are being in-serviced regarding proper storage of gowns when not in use. Review of In-services dated 4/25/2020 titled Staffing reflected all staff are required to notify Trinity ADON/DON of positions worked at any other facility. At this time staff are not allowed to work at more than one facility at a time. Staff must report if they have been exposed to a COVID-19 positive person. Signing this Inservice confirmed that you are not currently working at any other facility/job at this time. Review of signatures on in services were verified on staff roster. Review of In-service dated 4/25/2020 titled Comprehensive assessments reflected nurses are responsible for completing comprehensive assessments on all COVID-19 positive residents and to also notify an RN and or NP of any changes. Review of In-service dated 4/25/2020 titled Cleaning reflected all equipment must be sanitized between use on each resident. This includes blood pressure cuffs, thermometer, pulse ox, wrist cuff, glucose machine. Anything that can be used on more than one resident. Observation on 4/26/2020 at 10:00 a.m., revealed no barrier in place to separate station C from the rest of the facility. Observation revealed there was not signage to indicate Station C was a COVID-19 unit and the resident were under droplet precautions. Observation on 4/27/2020 at 11:00 a.m., revealed a barrier was being constructed but was not completed. The double doors which lead to Station C were closed and signs were posted to indicate the need to apply PPE before entering the unit. Observation on 4/28/2020 at 2:24 p.m., Revealed barrier was in place for Station C. Observation on 4/28/2020 at 2:29 p.m., revealed bio hazard boxes at the end of each hall of Station C. The administrator was informed on 4/30/2020 at 5:00 p.m. the Immediate Jeopardy was removed, and that the facility remained out of compliance at a severity of actual harm and a scope identified as pattern. H. Review of Resident #26's facesheet reflected resident was an [AGE] year old female who was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident 26's facesheet reflected COVID-19 [DIAGNOSES REDACTED]. Review of Resident #26's most recent MDS, quarterly, dated 4/21/2020 reflected Resident #26 received a 1 on her BIMS assessment which reflected a significant cognitive impairment. Review of Resident #26 progress notes dated 5/2/2020 reflected the resident was swabbed for a 3rd time and results were positive for COVID-19. Review of Resident #23's facesheet reflected Resident #23 was a [AGE] year-old female who was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #23's most recent MDS, quarterly, dated 2/6/2020 reflected resident received a 99 on her BIMS assessment due to not being able to complete the assessment. Review of Resident #10's facesheet reflected resident was a [AGE] year-old female who was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #10's most recent MDS, quarterly, dated 4/10/2020 reflected resident was not able to complete the BIMS assessment which reflected a cognitive impairment. Review of Resident #10's progress notes dated 5/3/2020 reflected responsible party notified of positive COVID-19 test results. Review of email, provided by the Administrator, dated 5/13/2020, revealed Resident #11, Resident #12, Resident #13, Resident #14, Resident #15, Resident #16 were positive for COVID -19. Review of the email revealed resident who needed to be retested reflected Resident #17, Resident #18, Resident #19, Resident #20, Resident #21, Resident #22, Resident #23, Resident #24, and Resident #25. Observation on 5/13/2020 at 10:30 a.m., revealed on the memory care unit all of the residents room doors were opened. Observation on 5/13/2020 at 10:30 a.m., revealed, in the memory care unit, wearing white suits with hoods, face shields, and gloves. Observation on 5/13/2020 at 2:15 p.m., revealed Resident #23 (Pending COVID-19 retest) and Resident #26, who was confirmed positive were in the same room sleeping. Observation on 5/13/2020 at 2:30 p.m., with the ADON A revealed Resident #23, COVID-19 test was pending, was in the room with Resident #26, who was confirmed COVID-19 positive. Observation on 5/13/2020 at 6:00 p.m., revealed Resident #10, who is confirmed positive for COVID-19, was observed to wander into room [ROOM NUMBER] and then room [ROOM NUMBER], these residents were pending COVID-19 test results. Further observation revealed Resident #10 walking down the hall to the dining room and picked up a cup from another resident's tray. Observation did not reveal staff intervention until resident picked up the cup. Observation on 5/15/2020 at 10:30 a.m., revealed residents, who had confirmed COVID-19 results, name plate marked with a red sticker. Resident with Confirmed COVID-19 results were roomed at the beginning of the hall in the memory care unit. Observation on 5/15/2020 at 10:30 a.m., revealed House Keeper cleaning Resident #24's room, who was pending COVID-19 results. Observation revealed</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 3)</p> <p>House Keeper was wearing white suite with a hood, face shield and gloves. In an interview on 5/11/2020 at 4:43 p.m., DON stated when they had resident test positive on Unit B the facility was advised, by Health Department to lock down the unit and that is what the facility did. DON stated this unit has resident who have wondering behaviors and can not be moved off the unit. In an interview on 5/12/2020 at 9:39 a.m., via phone, DSHS Epidemiologist stated when he spoke about his team, and they are not recommending for facilities to take off the resident off of the unit; however, they would want to see the residents cohorted as well as preventing intermingling because of the potential risk for exposure. In an interview on 5/12/2020 at 2:28 p.m., via phone, Health Department Epidemiologist stated the facility is treating station B as all positive, confirmed with testing, and presumptive positive (not confirmed by testing) at this time. Stated they are in agreement with this approach because it was a conservative approach and due to the high likelihood that the residents would have already been exposed. In an interview on 5/12/2020 at 10:45 a.m., DON stated on 05/01/2020 when there was more discus</p>		