

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676439 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/20/2020 |
| NAME OF PROVIDER OF SUPPLIER TRINITY REHABILITATION & HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 314 E CAROLINE ST TRINITY, TX 75862 | |
| 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure an infection prevention and control program designed to help prevent the development and transmission of communicable diseases was established and maintained for infection control related to COVID-19 (a respiratory infection). The facility did not ensure staff wore full PPE when they worked with residents in quarantine with unknown COVID-19 status. This failure could place residents at risk for developing COVID-19 or other infections. Findings included: During observations on 08/21/20 from 11:55 a.m. through 12:50 p.m., LVN A and did not wear full PPE when providing care for residents with an unknown COVID-19 status. LVN A administered medications and wore a N95 mask and gloves. She was not wearing a gown and goggles or face shield. During observation on 8/21/20 from 11:55 a.m. through 12:50 p.m., CNA B entered and left unknown COVID-19 status residents' rooms and wore a N95 mask and gloves. She was not wearing a gown, and goggles or face shield. During an interview on 08/19/20 at 12:03 p.m., LVN A said she did not wear full PPE while administering medications to residents with unknown COVID-19 status. She said she wore a mask and gloves. She said she had 1 aide and 1 restorative aide who worked with the residents in quarantine. She said the aide and the restorative aide did not wear full PPE when providing care for residents in quarantine. During an interview on 08/19/20 at 12:30 p.m., CNA B said she wore mask and gloves for PPE. She said she did not wear full PPE when providing care to the residents in quarantine. She said the quarantined residents did not have isolation precautions. During an interview on 08/19/20 at 12:55 p.m., the DON said the staff who worked with the quarantined residents on Hall 200 did not wear full PPE. She said they wore a mask and gloves when they provided care. She said none of the quarantined residents were on isolation precautions. She said the facility followed the COVID-19 Response plan dated 08/12/20 for their COVID-19 policy. The COVID-19 Response for Nursing Facilities dated 08/12/20 indicated: Source Control . personnel who enter the room must wear N95 respirators, if available and staff are fit-tested . Respiratory protection should in addition to gown, gloves, and face shield. If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility, depending on the situation). This includes: an N95 or higher respirator, eye protection, gloves, and gown. Outbreak Management. Outbreak definitions-A confirmed outbreak of COVID-19 identified is defined as one or more laboratory confirmed cases of COVID-19 identified in either a resident or pair/unpaid staff. . Consider having HCP wear all recommended PPE for COVID-19 (gown, gloves, eye protection, N95 respirator) for care of all residents, regardless of presence of symptoms. The website: 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.html accessed on 8/26/20 indicated .HCP (Health Care Providers) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection should adhere to Standard Precautions and use a NIOSH (National Institute for Occupational Safety and Health)-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection .</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.