

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER HEARTS & HANDS, POST ACUTE CARE & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 2990 SOQUEL AVENUE SANTA CRUZ, CA 95062	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and document review, the facility failed to implement infection control measures when: 1. Staff did not maintain a minimum of six feet distance between two residents (Residents 1 and 2); 2. Staff did not maintain a minimum of six feet distance between each other while eating in the break room; 3. Staff did not wear a facemask while cleaning the food preparation area in the kitchen; and 4. The director of nursing (DON) and minimum data set coordinator (MDSC) did not receive specialized training to serve in their roles as infection preventionists (IP, professional who makes sure healthcare workers and residents are doing all the things they should to prevent infections). These failures had the potential to result in the spread of infection throughout the facility. Findings: 1. During an observation on 7/22/2020 at 9:30 a.m., Residents 1 and 2 were sitting in chairs, which were next to each other. There was less than one foot distance between the chairs and approximately one to two feet distance between the residents themselves. Central supply staff A (CSS A) stopped to chat with both residents while they were sitting right next to each other. CSS A did not ask the residents to separate. During an interview with the DON on 7/22/2020 at 9:38 a.m., he confirmed the chairs that Residents 1 and 2 were sitting in were too close together. The DON also confirmed that facility staff had been trained to maintain at least six feet distance between residents. The DON acknowledged that CSS A should have requested Residents 1 and 2 to separate from each other. Review of the Centers for Disease Control and Prevention's (CDC's) guidance titled, Preparing for COVID-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), updated 6/25/2020 indicated, Remind residents to practice social distancing (staying at least six feet from other people). 2. During an observation of the employee break room on 7/22/2020 at 10:06 a.m., two staff members were at one table sitting next to each other while eating. At a different table in the same break room, there were three staff members sitting right to each other while eating. During a concurrent interview with the DON, he confirmed the above observation. The DON confirmed the staff members should have maintained at least six feet distance between each other while eating in the break room. Review of the facility's undated policy Social Distancing Policy, indicated To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces. 3. During an observation on 7/22/2020 at 10:12a.m., the dish washer (DW) was mopping the floor in the food preparation area of the kitchen. The DW's facemask was positioned below his chin, covering the front of his neck. The DW's nose and mouth were not covered. During a concurrent interview with the DON, he confirmed the above observation and stated the DW should have been wearing his facemask. Review of the facility's mitigation plan indicated, All staff will wear a facemask while in the facility for source control. Review of the CDC's guidance titled, Preparing for COVID-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), updated 6/25/2020 indicated, HCP (healthcare personnel) should wear a facemask at all times while they are in the facility. According to the guidance, healthcare personnel includes persons not directly involved in patient care, such as dietary staff. 4. During an interview with the MDSC on 7/22/2020, he confirmed that him and the DON were the facility's designated IPs. The MDSC estimated he spent about 20 hours per week working on infection prevention. He stated he did not take any specialized training to serve in his role as IP. During an interview with the DON on 7/22/2020 at 11:12 a.m., he stated he spent 20 or more hours per week working on infection prevention. He stated he did not take any specialized training to serve in his role as IP. The DON acknowledged that him and the MDSC should have received specialized training to serve as IPs. Review of the CDC's guidance titled, Preparing for COVID-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), updated 6/25/2020, indicated to assign one or more individuals with training in infection control to provide on-site management of the infection control and prevention program.</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.