

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Hearts & Hands, Post Acute Care & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48590</p> <p>Based on interview and record review, the facility failed to follow their own policy and procedure for disposal of discontinued and/or medications left in the nursing care center for two of three residents (Resident 1 and Resident 2). This failure had the potential to result in the diversion of medications compromising resident's health and wellbeing.</p> <p>Findings:</p> <p>Review of the IDT (Interdisciplinary Team, a group of healthcare professionals from different fields that work together towards common goal for a resident) Summary, dated 5/13/24, indicated the Administrator (ADM) received an anonymous email indicating medications that appeared to be from the facility were scattered in the house of a facility staff (FS). The IDT further indicated two residents' names were identified (Resident 1 who was discharged on [DATE] and Resident 2 who was discharged from the facility on 11/29/19).</p> <p>During an interview on 6/4/24 at 12:09 p.m., with the ADM, the ADM stated the FS admitted that he accidentally kept the medications to be disposed in a plastic bag and placed in his car.</p> <p>During an interview on 8/20/24 at 3:57 p.m., with the Pharmacy Consultant (PC), the PC stated the discontinued medications should be destroyed within 90 days.</p> <p>During a review of the facility's policy and procedure titled, Disposal of Medications, dated 11/17, the policy and procedure indicated 6. Dispose of discontinued medications within 90 days of the date the medication was discontinued.</p>

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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