

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 11/21/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44733</p> <p>Based on interview and record review, the facility failed to ensure care and services were provided in accordance with professional standards of practice for one of three residents (Resident 1) when the facility did not follow the physician's order for Resident 1. This failure had the potential to result in Resident 1 not receiving needed care and treatment, as ordered by the physician.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated Resident 1 was admitted on [DATE] and had diagnoses including dementia (a progressive state of decline in mental abilities), type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and essential hypertension (HTN-high blood pressure).</p> <p>Review of Resident 1's medical record review indicated KUB (kidney, ureter, and bladder) x-ray (a type of radiation that creates images of the inside of the body) for abdominal pain was performed on 9/16/24 with the impression: no bowel obstruction (blockage) or perforation (a hole), increased bowel distention (bloating and swelling) from prior exam.</p> <p>Review of Resident 1's progress notes, dated 9/17/24, indicated physician A was notified of the x-ray results and ordered repeat abdominal x-ray.</p> <p>Review of Resident 1's physician's orders indicated there was no order to repeat abdominal x-ray.</p> <p>Review of Resident 1's medical record review indicated there was no documentation indicating the repeat abdominal x-ray was performed. There was no result of the repeat abdominal x-ray.</p> <p>During a telephone interview on 11/21/24 at 12:01 p.m. with physician A, he stated he was informed about Resident 1's abdominal x-ray result of bowel distention and ordered to repeat an abdominal x-ray to follow up the prior x-ray finding of bowel distention. The physician verified the repeat abdominal x-ray result was not reported to him.</p> <p>During a telephone interview and record review on 11/22/24 at 9:07 a.m. with licensed vocational nurse (LVN) B, she confirmed she notified Resident 1's abdominal x-ray result of 9/16/24 to physician A and received an order to repeat an abdominal x-ray from physician A. LVN B verified there was no order to repeat the abdominal x-ray on Resident 1's physician's order. LVN B further stated she could not locate the repeat abdominal x-ray result.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy and procedure titled Medication and Treatment Orders, revised 7/2016, the P&P indicated, Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order.</p>