

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  03/12/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48590</p> <p>Based on observation, interview, and record review, the facility failed to render care and service based on professional standards of practice for one of four residents (Resident 1) when the Licensed Vocational Nurse (LVN) incorrectly administered a medication.</p> <p>This failure had the potential to affect the resident's health and psychosocial wellbeing.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated she was admitted on [DATE] and had a diagnosis of periprosthetic fracture (a bone fracture that occurs around or near an orthopedic implant) around internal prosthetic right hip joint.</p> <p>Review of Resident 1's medication administration record (MAR) indicated she had an order, dated 10/23/24, for Dulcolax suppository (used to treat constipation)10 milligrams (mg, unit of dose measurement) rectally as needed.</p> <p>During an interview on 1/30/25 at 2:29 p.m., with Resident 1, she stated the LVN and Certified Nursing Assistant (CNA) came to her room to give the suppository she requested. Resident 1 stated she turned to her side and then felt the fingers of the LVN in her private area. Resident 1 stated she yelled wrong hole.</p> <p>During an interview on 1/30/25 at 4 p.m., with the Director of Nursing (DON), the DON stated the LVN was let go and blocked from working in the facility after the incident. The DON stated the LVN knew he was in the wrong hole. The DON stated the LVN did not report the incident.</p> <p>During an interview on 1/30/25 at 5:16 p.m., with the CNA, the CNA stated the LVN called her to help position Resident 1 to administer the suppository. The CNA stated Resident 1 turned on her side in bed facing the CNA. The CNA stated Resident 1 screamed its the wrong hole when the LVN inserted the suppository. The CNA stated she leaned forward over the resident and confirmed the suppository was in the resident's private area but not fully inserted. The CNA stated the LVN removed the suppository from Resident 1's private area.</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>During a review of the facility's policy and procedure (P&amp;P), titled Administering Medications, revised 10/24, indicated 4. Medications are administered in accordance with prescriber orders .6. Medication errors are documented, reported .10. The individual administering the medication checks the label .to verify the right resident .and right method (route) of administration before giving the medication.</p>