

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 02/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51974</p> <p>Based on observation, interview, record review, and facility document and policy review, the facility failed to ensure a phlebotomist sanitized items between residents' rooms for 2 (Resident #325 and Resident #326) of 9 residents reviewed as part of the infection control task, failed to ensure oxygen tubing and a nasal cannula was stored in a manner to prevent potential contamination when not in use for 1 (Resident #118) of 9 residents reviewed as part of the infection control task, and failed to ensure staff implemented enhanced barrier precautions (EBP) when providing care to 1 (Resident #1) of 4 residents reviewed for transmission-based precautions.</p> <p>Findings included:</p> <p>1. A facility policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised 09/2022, indicated, 5. Reusable items are cleaned and disinfected or sterilized between residents.</p> <p>Resident #326's Admission Record revealed the facility admitted the resident on 01/24/2025. According to the Admission Record, the resident had a medical history that included diagnoses of osteomyelitis (inflammation of bone caused by infection), local infection of the skin and subcutaneous tissue, and resistance to multiple antimicrobial drugs.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/30/2025, revealed Resident #326 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. According to the MDS, the resident had active diagnoses of multidrug-resistant organism and a wound infection.</p> <p>Resident #326's care plan included a focus area, initiated on 01/25/2024, that indicated the resident had pseudomonas (a type of bacteria) cellulitis (bacterial skin infection) of their right foot. An intervention dated 01/25/2025 direct staff to implement contact isolation. Another focus area, initiated on 01/25/2025, indicated Resident #326 received intravenous antibiotics for osteomyelitis of their right foot.</p> <p>Resident #325's Admission Record revealed the facility admitted the resident on 01/28/2025. According to the Admission Record, the resident had a medical history that included diagnoses of Parkinson's disease, orthostatic hypotension (low blood pressure due to postural changes), and atrial fibrillation (irregular heart rhythm).</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An admission MDS, with an ARD of 02/02/2025, revealed Resident #325 had a BIMS score of 15, which indicated the resident had intact cognition.</p> <p>During an observation on 02/03/2025 at 9:33 AM, Phlebotomist #23 entered Resident #326's room. While in the room, Phlebotomist #23 placed a clipboard on the resident's bed. Without cleaning or sanitizing the clipboard she placed on Resident #326's bed, Phlebotomist #23 then entered Resident #325's room and placed the clipboard on the resident's overbed table.</p> <p>During an interview on 02/03/2025 at 9:46 AM, Phlebotomist #23 said she should have wiped down her clipboard between residents' rooms, but she did not have any wipes to do so.</p> <p>During an interview on 02/06/2025 at 12:32 PM, the Administrator stated phlebotomists should disinfect items between rooms of residents on transmission-based precautions and those that were not. In addition, the Administrator said phlebotomists should save the rooms of residents on transmission-based precautions for last.</p> <p>2. A facility policy titled, Departmental (Respiratory Therapy)-Prevention of Infection, revised 11/2011, revealed the section titled, Infection Control Considerations Related to Oxygen Administration specified, 8. Keep the oxygen cannulae and tubing used PRN [as needed] in a plastic bag when not in use.</p> <p>Resident #118's Admission Record revealed the facility admitted the resident on 01/14/2025.</p> <p>An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/20/2025, revealed Resident #118 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #118's 02/2025 Medication Administration Record (MAR) revealed the transcription of an order started on 01/31/2025 for supplemental oxygen at a rate of 2 liters per minute via nasal cannula as needed for shortness of breath and to keep oxygen saturation above 92 percent (%). According to the MAR, the resident did not receive supplemental oxygen during the timeframe from 02/01/2025 through 02/04/2025.</p> <p>During a concurrent interview and observation on 02/03/2025 at 10:10 AM, Resident #118 stated they only used oxygen on an as-needed basis. Resident #118's nasal cannula and tubing were observed wrapped under the handle of their oxygen concentrator not in a plastic bag.</p> <p>During an observation on 02/04/2025 at 11:26 AM, Resident #118's nasal cannula and tubing were on the floor in the resident's room.</p> <p>During an interview on 02/04/2025 at 11:25 AM, Registered Nurse (RN) #12 said he did not know where nasal cannulas should be stored when not in use.</p> <p>During an interview on 02/04/2025 at 11:28 AM, RN #13 stated that oxygen nasal cannulas should be stored in a plastic bag when not in use.</p> <p>During an interview on 02/06/2025 at 12:47 PM, the Administrator said oxygen tubing should be stored in a plastic bag when not in use.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45645</p> <p>3. A facility policy titled, Enhanced Standard Precautions, revised 08/2022, indicated, Enhanced barrier precautions (ESPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. The policy specified, 2. ESPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply: a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). The policy indicated examples of high-contact resident care activities requiring the use of gown and gloves included c. transferring. The policy further indicated, 5. ESPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization.</p> <p>Resident #1's Admission Record revealed the facility admitted the resident on 12/31/2003. According to the Admission Record, the resident had a medical history that included diagnoses of multiple sclerosis, paraplegia, chronic kidney disease, and neuromuscular dysfunction of the bladder.</p> <p>A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/22/2024, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated the resident had moderate cognitive impairment. The MDS indicated Resident #1 had an indwelling urinary catheter.</p> <p>Resident #1's care plan included a focus area, initiated 06/07/2024 and revised 11/10/2024, that indicated the resident required EBP related to having a suprapubic catheter. An intervention dated 06/07/2024 directed staff to instruct visitors and staff to wear proper personal protective equipment (PPE) when needed.</p> <p>During an observation on 02/03/2025 at 9:43 AM, Certified Nursing Assistant (CNA) #3 and Licensed Vocational Nurse (LVN) #2 entered Resident #1's room with a mechanical lift. CNA #3 and LVN #2 wore gloves but no gowns while using the mechanical lift to transfer the resident out of their bed.</p> <p>During an interview on 02/04/2025 at 1:02 PM, LVN #2 stated she did not wear a gown on 02/03/2025 when she assisted with Resident #1's transfer, but she should have.</p> <p>During an interview on 02/04/2025 at 1:34 PM, CNA #3 stated she did not wear a gown on 02/03/2025 when she and LVN #2 transferred Resident #1. CNA #3 said that because the resident had an indwelling urinary catheter, she should have worn a gown to prevent the spread of germs.</p> <p>During an interview on 02/06/2025 at 9:05 AM, the Director of Nursing (DON) stated the expectation was for staff to follow isolation precautions and wear proper PPE.</p> <p>During an interview on 02/06/2025 at 9:10 AM, the Administrator stated the expectation was for staff to apply PPE during resident care and understand its purpose, which was to prevent potential spread of infection.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29673</p> <p>Based on observation, interview, and facility document review, the facility failed to ensure multiple-resident rooms provided at least 80 square feet per resident for 10 (Rooms 101, 103, 105, 107, 109, 111, 114, 116, 118, and 119) of 70 resident rooms. Specifically, each of these 10 rooms had an approved capacity of two residents and provided a total of 143 square feet, or 71.5 square feet per resident when at full capacity.</p> <p>Findings included:</p> <p>A Client Accommodations Analysis, form, signed by the Administrator on 02/19/2025, revealed Rooms 101, 103, 105, 107, 109, 111, 114, 116, 118, and 119 each had an approved capacity of two residents. The Client Accommodations Analysis form indicated each of these rooms measured 11 feet by 13 feet and provided a total of 143 square feet, or 71.5 square feet per resident when at full capacity.</p> <p>During a concurrent observation and interview on 02/05/2025 at 2:50 PM, the Maintenance Supervisor measured room [ROOM NUMBER] and room [ROOM NUMBER] and confirmed they both provided a total of 143 square feet but were approved for a capacity of two residents. The Maintenance Supervisor said Rooms 101, 103, 105, 107, 109, 111, 116, and 118 were also the same size and had an approved capacity of two residents.</p>		