STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055109	A. BUILDING _____ B. WING _____	**05/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DRIFTWOOD HEALTHCARE CENTER - SANTA CRUZ	**675 24TH 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 -** Few	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to implement infection control measures when three staff members did not wear a facemask inside the facility. This failure place residents and staff at risk for being susceptible in acquiring infectious diseases during the COVID-19 pandemic. Findings: During an observation on 5/28/2020 at 1:16 p.m., at the facility's front lobby, the director of maintenance (DM) was talking on the telephone without wearing a mask. As well as, one resident was in the lobby without a mask. During an observation on 5/28/2020 at 1:32 p.m., two kitchen staff (KS) inside the kitchen were not wearings masks. KS 1 was prepping food and KS 2 was putting away equipment. During an interview with the director of nursing (DON) and administrator (ADM) on 5/28/2020 at 2:00 p.m., they both stated the DM and two KS should have worn facemasks while inside the facility. Review of Centers for Disease Control and Prevention guidelines updated on 5/18/2020 indicated, as part of source control efforts, healthcare professionals (HCP, including kitchen and environmental services staff) should wear a facemask/covering at all times while they are in the healthcare facility.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE