STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055017	A. BUILDING _____ B. WING _____	**05/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HEARTS & HANDS, POST ACUTE CARE & REHAB CENTER	**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)
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 document review, the facility failed to ensure infection control measures were implemented when one dietary staff member did not properly wear her surgical mask (mask intended to be worn by health professionals to catch the bacteria shed in liquid droplets and aerosols from the wearer's mouth and nose) in the kitchen. This failure had the potential to spread infection in the facility. Findings: During an observation on 5/29/2020 at 2:17 p.m., one dietary staff member wore a surgical mask that covered her mouth, but did not cover her nose. With her nose uncovered, the dietary staff member walked around several areas of the kitchen, including the food preparation area. During a concurrent interview with the director of nursing (DON), he confirmed the above observation and confirmed the dietary staff member did not wear her surgical mask properly. Review of the Centers for Disease Control and Prevention's (CDC's) guidance titled, Using Personal Protective Equipment (PPE) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html), indicated Respirator/facemask should be extended under chin. Both your mouth and nose should be protected.

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