

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Driftwood Healthcare Center - Santa Cruz		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49345</p> <p>Based on observation, interview and record review, the facility failed to provide adequate supervision for one of three sampled residents (Resident 1) when Resident 1 got out of the facility without supervision. This failure put Resident 1 at risk for accidents.</p> <p>Findings:</p> <p>During an observation on 9/23/24 at 4 p.m., Resident 1 walked towards her room using a walker unassisted and was able to sit on the bed unassisted. Resident 1 stated she walked out of the facility on 9/20/24.</p> <p>During a concurrent observation and interview on 9/23/24 at 4:05 p.m. with Resident 1 and Resident 1's relative (RR), the RR stated she was called by the facility on 9/20/24 at night and informed that Resident 1 went out of the facility. When Resident 1 was asked how she got out of the facility, Resident 1 led the surveyor to her room's sliding door that opened to a patio. Resident 1 pointed at the right side of the patio where a closed wooden door was sighted. Resident 1 stated she opened the wooden door on 9/20/24 to get out of the facility. The RR pushed the wooden door and it opened to the street in front of the facility.</p> <p>During a concurrent observation and interview on 9/23/24 at 4:15 p.m. with the Registered Nurse (RN), the RN confirmed the wooden door had no lock and had no alarm. The RN stated it should be locked or must have an alarm.</p> <p>During a concurrent observation and interview on 9/23/24 at 4:27 p.m. with the RN, the RN confirmed the glass door near room AA was ajar (slightly open). The RN closed the door to check if door alarm was on, the RN opened the glass door and no alarm was triggered. The RN stated the door should be closed at all times and the alarm must be on.</p> <p>During an interview on 9/23/24 at 4:29 p.m. with the Director of Nursing (DON), the DON stated that an unlocked door put residents at risk for accidents. The DON stated door alarms must be on at all times.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 10/2/24 at 2:15 p.m. with the Regional Director for Maintenance (RDM) and the Supervisor of Maintenance (SM), the SM stated doors were checked daily, every morning, afternoon and before leaving the facility. The SM stated doors were ensured locked from the outside and alarms were functioning. The RDM stated that the wooden door was not part of the monitoring prior to Resident 1 getting out of the facility. The SM confirmed the Exit Door monitoring log for September 2024 started on 9/23/24. The SM confirmed there was no logs prior to 9/23/24.</p> <p>A review of facility's policy and procedure (P&P) titled Wander/Elopement Alarm System Testing with an approval effective date of 10/9/23, the P&P indicated, Door Monitor Test 1. Inspect and test each door monitor daily .</p> <p>Policies on accident hazards were requested but were not provided.</p>