

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 07/15/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide care, services, and assistance for showering for two of three sampled residents (resident 1 and 2). This failure had the potential to affect the personal hygiene, comfort, skin concerns, health condition, and well-being for Residents 1 and 2. Findings: Review of Resident 1's face sheet (FS, document that gives resident's information at a quick glance) indicated Resident 1 was admitted to facility on 6/15/2026. Review of Resident 1's minimum data set (MDS, resident assessment tool) assessment dated [DATE], section GG for functional abilities indicated Resident 1 required moderate assistance (helper provided less than half the effort) during showers. Review of facility's shower list document indicated, Resident 1 was scheduled for showers during AM (morning) shift every Wednesday and Saturday. Review of Resident 1's point of care history (PCH) document for period of 6/15/2026 to 7/15/2026 for Resident 1's showers indicated, Activity did not occur on 7/11/2026, one out of nine scheduled shower days. During a concurrent record review of facility's shower list containing Resident 1's PCH documentation and an interview with certified nursing assistant A (CNA A) on 7/15/2026 at 12:53 p.m., CNA A confirmed a shower was not given to Resident 1 on 7/11/2026. CNA A stated documenting that the shower activity did not occur means a shower was not given to Resident 1, as scheduled on 7/11/2026. Review of Resident 2's FS indicated Resident 2 was admitted to facility on 4/11/2025. Review of Resident 2's MDS assessment dated [DATE], section GG for functional abilities indicated Resident 2 required set up assistance (helper sets up and/or cleans up for resident's activity) during showers. Review of facility's shower list document indicated, Resident 2 was scheduled for showers during AM shift every Wednesday and Saturday. Review of Resident 2's PCH documentation from 6/15/2026 to 7/15/2026 indicated, Activity did not occur on 6/17/2026, 6/24/2026, 7/1/20026, 7/4/2026, and 7/8/2026, five out of nine scheduled shower days. During a concurrent record review of facility's shower list containing Resident 2's PCH documentation and interview with CNA B on 7/15/2026 at 2:22 p.m., CNA B confirmed showers were not given to Resident 2 on 6/17, 6/24, 7/1, 7/4, and 7/8/2026. CNA A stated documentation that shower activity did not occur means showers were not given to Resident 2 as scheduled on these five days. During an interview with facility's director of nursing (DON) on 7/15/2026 at 2:47 p.m., DON confirmed Resident 1 and Resident 2 did not receive showers as scheduled. DON stated CNA staff should have offered and provided showers as scheduled for both residents. Review of facility's policy and procedure (P&P) titled, Activities of daily Living (ADLs), Supporting, undated, indicated, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing .) .		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan (plan of care addressing individual care, treatments, which should be sensitive to a resident's cultural, personal values, and lifestyle) for activities of daily living (ADL, basic and routine tasks required for a resident) care for one of three sampled resident (Resident 1), when Resident 1's care plan lacked interventions for refusal of showers. This failure had the potential for the lack of participation in developing and implementing a person-centered plan of care for ADLS for Resident 1, especially regarding showering. Findings:Review of Resident 1's face sheet (FS, document that gives resident's information at a quick glance) indicated Resident 1 was admitted to facility on 6/15/2026.Review of Resident 1's minimum data set (MDS, resident assessment tool) assessment dated [DATE] indicated Resident 1's brief interview for mental status (BIMS) score indicated 15/15 (score of 0-7, severely impaired cognition, 8-12, moderately impaired cognition, 13-15, intact cognition).Review of facility's shower list document indicated, Resident 1 was scheduled for shower during AM (morning) shift on every Wednesday and Saturday.Review of Resident 1's ADL document for shower dated 6/15/2026 to 7/15/2026 (4 weeks period) indicated Resident 1 refused showers on 6/17/2026, 6/20/2026, 6/27/2026, 6/28/2026 and 7/1/2026, total 5 out of 9 days. Review of Resident 1's care plans indicated there was no documented evidence of person centered care plan for ADLS and refusal of showers.During a concurrent record review of Resident 1's care plans and interview with the facility's medical record director (MRD) on 7/15/20026 at 2:12 p.m., MRD reviewed all documented care plans for Resident 1 and confirmed there was no documented evidence of care plan for ADL care and refusal of showers for Resident 1.During an interview with facility's director of nursing (DON) on 7/15/2026 at 2:36 p.m., DON confirmed there was no care plan for ADLS and refusal of showers for Resident 1. DON stated license nursing staff were responsible to develop and implement care plans for residents. DON also stated license nursing staff should have developed and implemented a care plan for ADLS and refusal of showers for Resident 1.Review of facility's policy and procedure (P&P) titled, Comprehensive Plan of Care, undated, indicated, Reflect the company's efforts to provide alternative methods when a resident wishes to refuse certain treatments or services; Comprehensive Care Plan is completed within 7 days after completion of the comprehensive assessment (MDS). Maintain the comprehensive care plan in the resident's current electronic medical record.		