

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Driftwood Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4109 Emerald St Torrance, CA 90503	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50144</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was able to return to her room upon readmission from a General Acute Care Hospital (GACH).</p> <p>This failure resulted in Resident 1 experiencing frustration and sadness after being placed in a new room upon return from the GACH.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission record (Face Sheet), dated 9/27/2024, the Face Sheet indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including respiratory failure (a condition in which the blood doesn ' t have enough oxygen) and embolism (blood clot) of right femoral vein (a large blood vessel in the thigh).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 8/14/2024, the MDS indicated Resident 1 had the ability to understand and be understood by others.</p> <p>During a review of Resident 1's Transfer Form, dated 9/25/2024, the Transfer Form indicated Resident 1 was transferred to a GACH on 9/25/2024 11:43 a.m. for right shoulder pain.</p> <p>During a review of Resident 1 ' s Bed Hold (a resident ' s right to keep a bed vacant and available for seven days after their transfer to the hospital in anticipation of their return to the facility) Agreement form, dated 9/25/2024 and timed at 11:08 a.m., the Bed Hold Agreement form indicated the facility informed Resident 1 that her bed would be held for up to seven days upon transfer to the GACH.</p> <p>During a review of Resident 1 ' s Progress Notes, dated 9/25/2024 and timed at 9:51 p.m., the Progress Notes indicated Resident 1 was readmitted to a different room in the facility on 9/25/2024 at 9:30 p.m.</p> <p>During an interview on 9/26/2024 at 4:15 p.m. with Resident 1, Resident 1 stated she was only in the GACH for about 11 hours and upon return to the facility, she was told by Social Services (SS) that she was unable to return to her previous room.</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/26/24 at 4:35 p.m. with the Director of Nursing (DON), the DON stated Resident 1 was readmitted to a different room because the facility had moved another resident into Resident 1 ' s room while she was at the GACH.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P), titled Bed Hold, revised July 2017, The P&amp;P indicated, when the resident or his/her representative provides notice within 24 hours of transfer that the resident elects his/her right to hold the bed, the Facility keeps that bed available for seven (7) days.</p>		