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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555114 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>11/15/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Driftwood Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4109 Emerald St<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47092</b></p> <p>Based on interview, and record review, the facility failed to ensure a resident (Resident 3) who had a designated Advocate (AD 1) was invited to participate in the Interdisciplinary Team Meeting ([IDT] a team of health care professionals from different disciplines who work together to provide care for a resident) to discuss and participate in the revision of the care plan (a document that summarizes a resident ' s health conditions, care needs, current treatments, goals, and action plan) for one out of three sampled residents (Resident 3).</p> <p>This deficient practice resulted in Resident 1 ' s AD 1 not attending the IDT meeting and had the potential to result in a care plan that was not person-centered (designed specifically around the individual needs, preferences and goals of the resident receiving care) and would not meet Resident 3 ' s needs.</p> <p>Findings:</p> <p>During a review of Resident 3 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including diabetes mellitus (a disorder characterized by difficulty in blood sugar control and poor wound healing), generalized muscle weakness, abnormalities with gait (a person ' s manner of walking) and mobility (the ability to move freely or lack thereof), and Charcot ' s arthropathy (a rare disorder that causes the bones and joints in the foot and ankle to become unstable and deformed).</p> <p>During a review of Resident 3 ' s History and Physical (H&amp;P) dated 1/15/2024, the H&amp;P indicated Resident 3 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 3 ' s Interdisciplinary Team Conference Record dated 11/6/2024, the IDT Conference Record indicated an IDT meeting occurred on 11/6/2024 with Resident 3 in the presence of the Director of Nursing (DON) and Social Worker Representative (SWR) 1. The record indicated the care plan was reviewed with Resident 3 discussing medications, diet, and treatment. The record indicated AD 1 was not in attendance nor was there documentation indicating AD 1 was notified of the conference.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555114   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>11/15/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Driftwood Healthcare Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4109 Emerald St<br>Torrance, CA 90503 |  |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 11/15/2024 at 10:05 a.m. with Resident 3, Resident 3 stated several months ago she informed someone from the facility (does not remember who) she wanted AD 1 to be invited to and involved in all IDT meetings because she was forgetful. Resident 3 stated AD 1 was helping her handle her inaccurate care plan and other medical affairs. Resident 3 stated on 11/6/2024, the Social Worker Representative and the Director of Nursing had an unplanned rushed meeting with her regarding her care plan and did not include AD 1. Resident 3 stated on the IDT meeting held on 11/6/2024, she was unable to understand what the DON was asking her and refused to sign a paper because she did not understand what she was signing. Resident 3 stated she consulted with AD 1 to verify if it was safe to sign documents.</p> <p>During an interview on 11/15/2024 at 2:53 p.m., with the DON, the DON stated she was not aware AD 1 was a care conference person on the face sheet and thought it was okay to have an IDT meeting without AD 1 because Resident 3 was her own decision maker. The DON stated if Resident 3 preferred an advocate at the IDT meetings AD 1 should have been invited because it was Resident 3 ' s right to have AD 1 invited and participate in IDT meetings.</p> <p>During an interview on 11/15/2024 at 2:59 p.m., with SWR, SWR stated the Medical Records Director (MRD) added AD 1 as the care conference person on Resident 3 ' s face sheet but she did not know when this was added.</p> <p>During an interview on 11/15/2024 at 3:23 p.m., with the MRD, the MRD stated months ago (exact date unknown) AD 1 and Resident 3 had informed him AD 1 was to be involved in all IDT meetings. The MRD stated although he did not remember a specific conversation the IDT meeting members were aware that AD 1 was supposed to be involved in all IDT meetings.</p> <p>During a review of the facility ' s policy and procedure titled Resident Rights, dated 1/1/2012, the P&amp;P indicated the purpose of the P&amp;P was to promote and protect the rights of all residents at the Facility. The P&amp;P indicated state and federal laws guarantee basic rights to all residents of the Facility including the right to participate in decisions and care planning.</p> <p>During a review of the facility ' s P&amp;P titled Comprehensive Person-Centered Care Planning, dated 8/24/2024, the P&amp;P indicated the IDT may include the resident and the resident representative to the extent practicable, and an explanation must be included in the resident ' s medical record if participation of the resident and their representative is determined not practicable for the development of the resident ' s care plan.</p> |  |  |