STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555114	A. Building B. Wing	12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Driftwood Healthcare Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425 Based on observation, interview, and record review, the facility failed to ensure the Occupational Therapist (OT- a healthcare provider who helps a person meet goals to develop, recover, improve, and maintain skills needed for daily living and working) 1 accurately documented on the OT Discharge Summary Note the discharge goals for one of three sampled residents (Resident 3). OT 1 documented on 9/13/2024, Resident 3 tolerated thin hand rolled washcloth for four hours in her left hand without irritation or skin breakdown, when it should have been the documented for the right hand. This deficient practice resulted in inaccurate documentation of Resident 3's OT Discharge Summary Note and had the potential to affect Resident 3's plan of care and treatment. Findings: During a review of the Resident 3's Admission Record (Face Sheet), the Face Sheet indicated Resident 3 was admitted on [DATE] with the diagnosis of generalized muscle weakness. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool) dated 9/13/2024, the MDS indicated Resident 3's cognition was moderately impaired, and Resident 3 was dependent (helper does all the effort) on facility staff to complete Activities of Daily Living (ADLs- activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 3's OT Discharge Summary Note dated 9/13/2024, indicated Resident 3 tolerated a thin hand rolled washcloth for four hours in her left hand without irritation or skin breakdown. During an interview on 12/6/2024 at 10:50 a.m., Resident 3 stated that she did not want and could not open her left hand. Resident 3 stated her hands were frozen in time. During a concurrent interview and record review on 12/9/2024 at 11:53 a.m., with OT 1, Resident 1's OT Discharge Summary Note dated 9/13/2024 was reviewed. The OT Discharge Summary Note indicated Resident 3 tolerated a thin hand rolled washcloth for four hours in her left hand without irritation or skin breakdown. OT 1 stated the discharge goal should have been documented for the right hand and not the left hand. OT 1 stated if the resident's medical records are not accurate there might be a miscommunication and confusion within the care team regarding treatment and orders affecting Resident 3's plan of care because of the incorrect documentation. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555114	A. Building B. Wing	12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Driftwood Healthcare Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/9/2024 at 12:00 p.m., the Director of Rehabilitation (DOR) stated the therapy records should be accurate to provide a complete picture of the resident's status and their plan of care. The DOR stated if the record is not accurate, details of the resident's care may be missed or overlooked. During an interview on 12/9/2024 at 1:12 p.m., the Director of Nursing (DON) stated medical records should be accurate in order to communicate to the rest of the interdisciplinary team (IDT- a group of health professionals with different areas of expertise who work together to treat a patient's condition or injury) which extremity or side of the body has a problem or contracture, so the IDT can monitor for any complications or decline. During a review of the facility's undated Occupational Therapist (OT) Job Description, the job description indicated an OT writes accurate, complete, and clear documentation in accordance with regulatory, licensing, payor and accrediting requirements which includes recording resident needs reviews, evaluations, daily treatment notes, progress notes, and discharge summaries in accordance with facility procedures. During a review of the facility's policy and procedure (P&P) titled Medical Record Content, dated 1/2012, the P&P indicated the medical record which may include Rehabilitative/Specialized therapy progress notes will be accurate, timely and complete.