

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2024
NAME OF PROVIDER OR SUPPLIER Driftwood Healthcare Center - Hayward		STREET ADDRESS, CITY, STATE, ZIP CODE 19700 Hesperian Boulevard Hayward, CA 94541	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>42255</p> <p>Based on observation and interview, the facility failed to ensure medications were secure for a census of 76, when 3 medication carts were found unlocked and unattended.</p> <p>This failure had the potential to expose residents, staff, and visitors to unauthorized access to medications, resulting in possible injury or drug diversion.</p> <p>Findings:</p> <p>During an observation on 3/7/24 at 12:49 p.m., in the sub-acute hall, 3 medication carts up against the wall, side by side were unattended and unlocked.</p> <p>During a concurrent observation and interview on 3/7/24 at 12:55 p.m., with the Licensed Nurse (LN) 1, LN 1 confirmed the carts with prescription medications were unlocked. LN 1 stated, We lock the carts usually before we leave them. We all have keys. Just to be safe from anyone, residents or staff, getting into the cart.</p> <p>During an interview on 3/7/24 at 4:05 p.m., with the Director of Nursing (DON), the DON stated, I would expect the nurses to lock the carts before leaving them, for the safety of the other residents which could get into them and take the medications.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Use of Medication Cart, undated, the P&P indicated, The nursing staff uses the medication cart to systematically distribute physician ordered medications to residents .Lock the medication cart with the key or the locking bar.</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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