

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 01/28/2026
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure two of six residents (Resident 1 and Resident 2) were free from physical abuse when both struck each other during a physical altercation. This resulted in Resident 1's right hand and left ear getting hurt and making him feel fearful within the facility. During a record review of Resident 1's Face Sheet (a summary of a resident's key demographics), Face Sheet indicated Resident 1 was admitted to the facility on [DATE]. During a record review of Resident 1's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan.), dated 12/24/25, MDS indicated Resident 1 had a Brief Interview for Mental status (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information) score of 13 out of 15. This score indicated Resident 1 was cognitively intact. During a record review of Resident 2's Face Sheet, Face Sheet indicated Resident 2 was admitted to the facility on [DATE]. During a record review of Resident 2's MDS assessment, dated 12/31/25, MDS indicated Resident 2 had a BIMS score of four (4) out of 15. This score indicated Resident 2 had severe cognitive impairment. During an interview with Resident 1 outside of Resident 1's room on 1/28/26 at 11:22 a.m., Resident 1 stated that Resident 2 hit him on the head with a closed fist and he was hurt. Resident 1 stated he does not know Resident 2 and was unaware of what led to the altercation. Resident 1 stated that incident left him feeling fearful and not safe at the facility. During an interview with Resident 2 outside of Resident 2's room on 1/28/26 at 11:34 a.m., Resident 2 stated he has no recollection of the altercation on 7/26/25. During a record review of Resident 1's Progress Notes, dated 7/9/25, Social services progress note indicated Social Services met [Resident 1] to discuss the incident (hitting other resident). resident acknowledged that he struck the other resident and expressed justification that he felt frustrated. During a record review of Resident 1's Progress Notes, dated 7/25/25, Nursing Progress Notes indicated, A witness [Resident 3] came to the nurse about a altercation .the residents were facing one another hitting each other. saying profanities among each others .[Resident 1] sustained a cut on right knuckle and stated pain in left ear. During a record review of Resident 2's Progress Notes, dated 7/25/25 at 2:45 p.m., Progress Notes indicated [Resident 3] had alerted LVN to [Resident 1] and [Resident 2] having a physical altercation on the patio .[Resident 1] and [Resident 2] were facing each other in their wheelchairs while hitting and yelling out profanities at one another. During a record review of facility's policies and procedures (P&P) titled, Abuse Prevention Program, P&P indicated As part of the resident abuse prevention, the administrator will: Protect our residents from anyone including, but not necessarily limited to facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends visitors, or any other individual.</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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