

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 02/06/2026
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) received Oxycodone (a medication used to treat moderate to severe pain) as ordered by their physician. This failure had the potential to cause Resident 1 unnecessary frustration and pain. During a review of Resident 1's admission Record, printed 2/5/26, the record indicated Resident 1 was admitted to the facility in 2025 with a diagnosis of cerebral infarction (A stroke that occurs when the blood supply to part of the brain is blocked or reduced), and depression. During a review of Resident 1's Brief Interview for Mental Status (BIMS, is a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information. A BIMS score of thirteen to fifteen is an indication of intact cognitive status.), dated 12/4/25, the Record indicated Resident 1's BIMS score was 14. During a review of Resident 1's Doctors Order, dated 11/10/25, the Order indicated Resident 1 had a doctor's prescription for Oxycodone. Take 1.5 tablets (7.5 mg [milligrams] total) PO [by mouth] Q [every] 4 hours PRN [as needed] for moderate to severe pain. During an interview on 1/22/26, at 11:46 a.m., with Resident 1, Resident 1 stated they had to wait for over 24 hours for their Oxycodone on 1/21/26 because the facility ran out of it. Resident 1 stated it made them feel upset and frustrated. Resident 1 stated they did not want to get out of bed without their pain medication. During a concurrent interview and record review on 1/30/26, at 1:37 p.m., with Registered Nurse Supervisor (RNS) 1, Resident 1's Medication Administration Record, dated January 2026 was reviewed. The Record indicated Resident 1 did not receive Oxycodone on 1/21/26. During an interview on 1/30/26, at 3:30 p.m., with Charge Nurse (CN) 1, CN 1 stated on 1/21/26 Resident 1 complained of moderate general body pain. CN 1 stated Resident 1 requested Oxycodone for their pain. CN 1 stated they did not give Resident 1 Oxycodone during their shift because they ran out of it. CN 1 stated they explained to Resident 1 that there wasn't any more Oxycodone, and it was ordered but hadn't arrived yet. CN 1 stated it did not arrive on their shift. During an interview on 2/6/26, at 4:44p.m., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated when residents complained of pain, pain medications should have been given as ordered by their doctor. RNS 1 stated it was important to relieve resident's pain because it could have increased irritability, and vital signs. During a review of the facility's Nursing Assignment, dated 1/21/26, the Assignment indicated CN 1 worked on 1/21/26 from 7:00 a.m. to 3:30 p.m. During a review of Resident 1's Care Plan, revised 12/15/25, the Care Plan indicated Problem: Resident expressed alteration in comfort and daily activity due to presence of pain. The Care Plan indicated Goals. Improve quality of life and ability to function. The resident will be pain-free or relieved from pain. The resident's functional ability will be maintained. The Care Plan indicated Approach: Administer Pain medication as ordered. Oxycodone 5-7.6 MG During a review of the facility's policy and procedure (P&P) titled, Pain Management, dated 10/21/2025, the P&P indicated, Purpose. to identify residents experiencing pain and develop, implement, and evaluate care plans for the management of pain, and monitor and document the resident's response to</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>pain management interventions. The P&P indicated, Administer a therapeutic intervention for pain. pain medication as ordered by the physician</p>