STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555533	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Driftwood Healthcare Center - Hayward	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure two of three sampled residents (Resident 1 and 3), received tracheostomy care consistent with professional standards of practice, their physician's orders and their care plan when: 1. Resident 1's tracheostomy (a surgical procedure that creates an opening in the neck to create an artificial airway) inner cannula (a removable, lockable tube inserted into the outer tube to maintain an open airway and manage secretions) was not changed for a total of five days, including three consecutive days. 2. Resident 2 did not have the necessary emergency tracheostomy equipment at bedside. This failure had the potential to cause Residents 1 and 2 increased risk for infection and respiratory distress.During a review of Resident 1's admission Record, printed 2/24/26, the Record indicated Resident 1 was admitted to the facility in 2023 with a diagnosis of Acute Respiratory Failure (a life-threatening emergency where the lungs cannot properly oxygenate the blood or remove carbon dioxide).During an interview on 2/24/26 at 1:56 p.m. with Respiratory Therapist 1 (RT 1), RT 1 stated they cleaned and reused Resident 1's inner cannula because they did not have the replacement inner cannula for a couple of weeks. RT 1 stated the inner cannula should have been changed daily because that was what the physician ordered. RT 1 stated it could have been a risk for infection when they cleaned and reused the inner cannula instead of replacing it.During an interview on 2/24/26 at 3:04 p.m. with Registered Nurse Supervisor 1 (RNS 1), RNS 1 stated it was important to change the inner cannula daily so it would not be clogged and it could have been a risk for infection when they reused the inner cannula multiple times.During a review of Resident 1's Physician's Order, dated 6/8/25, the Order indicated, Tracheostomy Type: Shiley Covidien [Manufacturer brand name] Size: 4.During a review of Resident 1's Physician's Order, dated 12/7/23, the Order indicated, Change Inner Cannula Q [every] Day (Done by Respiratory Therapist) Once a Day; 07:00 AM - 03:00 P.M.During a review of Resident 1's Progress Notes, dated 2/13/26 through 2/22/24 the notes indicated, inner cannula cleaned, on 2/13/26, 2/16/26, 2/20/26, 2/21/26 and 2/22/26.During a review of the facility's policy and procedure (P&P) titled, Carrying Out Physician's Orders, undated, the P&P indicated, All physician's orders must be documented, reviewed, and carried out accurately and promptly to ensure the highest standard of patient care. The P&P indicated, This policy applies to all nursing staff and health care providers within the facility.During a review of Resident 2's admission Record, printed 2/24/26, the Record indicated Resident 2 was admitted to the facility in 2026 with a diagnosis of Chronic Respiratory Failure (a condition that occurs when the lungs cannot get enough oxygen into the blood or eliminate enough carbon dioxide from the body).During a concurrent observation and interview on 2/24/26 at 2:08 p.m. with RT 1, Resident 2 was observed without a spare inner cannula readily available at bedside. RT 1 stated a spare inner cannula was part of the necessary emergency tracheostomy equipment that should have been at the resident's bedside.During an interview on 2/24/26 at 3:04 p.m. with RNS 1, RNS 1 stated emergency tracheostomy equipment including the inner canula was important to have at bedside to prevent the tracheostomy hole from closing.During (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
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	an interview on 2/24/26 at 5:05 p.m. with the Director of Nursing (DON), DON stated emergency equipment including the inner cannulas should have been at residents' bedside.During a review of Resident 2's Physician's Order, dated 2/12/26, the Order indicated: Tracheostomy Type: Shiley Covidien Size: 4 .During a review of Resident 2's Respiratory Care Plan, dated 1/23/26, the Care Plan indicated, Problem. Presence of tracheostomy. Risk for. Congestion. SOB [shortness of breath]. The Care Plan indicated, Goal. The resident will maintain a clear, open airway. The Care Plan indicated, Approach. Keeping all necessary emergency supplies readily available at all times.