| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555533 | A. Building<br>B. Wing | 04/03/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Driftwood Healthcare Center - Hayward | 19700 Hesperian Boulevard<br>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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** ased on interview and record review, the skilled nursing facility failed to maintain resident confidentiality for two of the three sampled residents (Residents 1 and 2) when the licensed social worker disclosed personal information without obtaining consent from Residents 1 and 2. This resulted in a violation of resident confidentiality.During a record review of Resident 1's clinical document Resident Face Sheet (RFS), the RFS indicated the facility admitted Resident 1 in February of 2025 with multiple medical diagnosis including cerebral infarction (stroke). During a review of Resident 1's clinical document MDS 3.0 Nursing Home Comprehensive (NC) Version 1.20.1 (MDS) dated [DATE], the MDS indicated Resident 1 was alert and oriented. During a review of the document Notice of Privacy Practices (NPP), the NPP indicated Resident 1 signed a consent on 3/19/2025 acknowledging he had received a copy of the Notice of Privacy Practices which allowed the facility to release his health information for treatment only.During a record review of Resident 2's clinical document Resident Face Sheet (RFS), the RFS indicated the facility admitted Resident 2 in October2025 with multiple medical diagnosis including Multiple Sclerosis (chronic autoimmune disease of the central nervous system).During a review of Resident 2's document MDS 3.0 Nursing Home comprehensive (NC) Version 1.20.1 (MDS) dated [DATE], the MDS indicated Resident 2 was alert and oriented.During a review of the document Notice of Privacy Practices (NPP), the NPP indicated Resident 2 signed a consent on 4/9/2025 acknowledging she had received a copy of the Notice of Privacy Practices which allowed the facility to release her health information for treatment only.During an interview on 4/6/2026 at 11:32 a.m. with the Ombudsman (OMB), the OMB stated she had repeatedly asked the facility's social worker not to share personal health information with her unless consent was given by the residents. The OMB stated the social worker continued to share the information despite being asked not to. During an interview on 4/3/2026 at 9:50 a.m., the Social Services Director (SSD) confirmed she had shared personal information with the ombudsman regarding Resident 1 and 2 without their consent.During an interview on 4/3/2026 at 10:35 a.m. Resident 1 was asked if he had personal information shared without his consent. Resident 1 was not interviewable.Resident 2 is no longer at the facility.During a review of the document Resident Dignity & Personal Privacy (not dated), the policy and procedure indicated Each resident's right to personal privacy includes the confidentiality of his or her personal and clinical affairs. Dignity means that when interacting with residents, staff carries out activities that assist the resident in maintaining and enhancing his or her self-esteem and self-worth. |

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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