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	05/01/2026

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review, the facility failed to provide a safe environment for 79 out of 79 sampled residents when the patio gate latch was zip tied.This failure had the potential to result in delay in resident's evacuation in an event of emergency.Findings:During a concurrent observation and interview on 4/27/26 at 1:50 p.m. with the Maintenance Director (MD), in the patio, a black fence surrounding the patio had a gate latch secured with a white zip tie. The MD stated, he had applied the zip tie. The MD stated, there should be no zip tie. The MD stated, he applied the zip tie to prevent unnecessary people from coming in the facility. The MD stated, the gate was an access for paramedics who picked up residents in case of emergency.During an interview on 4/28/26 at 10:33 a.m. with the Receptionist, the Receptionist stated, the patio gate was used as emergency door in case there's a fire in the facility.During an interview on 4/28/26 at 10:48 a.m. with CNA 1, CNA 1 stated the MD would sometimes place a padlock on the gate because residents tried to open the gate. CNA 1 stated, it was not necessary to lock the gate because the residents cannot go out in case of emergency.During a follow up phone interview on 4/28/26 at 1:32 p.m. with the MD, the MD stated, the patio gate was also a route for evacuation during emergencies.During a concurrent interview and record review on 4/29/26 at 1:05 p.m. with the MD, the Evacuation Route document, dated 2/7/13 was reviewed. The Evacuation Route document indicated, a black triangle arrow had the words evacuation routes next to it. The Evacuation Route document indicated, one black triangle arrow was pointing towards the word exit leading to the patio. The MD stated, the evacuation route would be followed if there was a fire. The MD stated, residents could exit the facility to the patio during emergencies. The MD stated, the patio gate was leading to the emergency parking.During a concurrent follow up interview and record review on 4/29/26 at 1:10 p.m. with the MD, the facility's policy and procedure (P&P) titled, Evacuation Guidelines, dated 2/20/26 was reviewed. The P&P indicated, There are 3 types of evacuation, and the severity of the emergency determines which is implemented. They are:. External (to the outside of the building) - An external evacuation may be declared for any threat with the potential to affect the entire facility, like: fire in the attic, fire on the roof, area permeated with natural gas, uncontrolled fire, or bomb treat. Procedure. External Evacuation. 1. Assemble residents in a predetermined area more than 35' away from the building. The MD stated, 35' meant 35 feet away from the building. The MD stated, 35 feet away from the building was outside the patio fence.

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