

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/16/2026
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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, for nine of 22 residents (Resident 2, 3, 4, 5, 6, 7, 8, 9 and 10) who had tracheostomy (a surgically created opening [stoma] in the front of the neck and directly into the windpipe [trachea]), the facility failed to ensure that sufficient tracheostomy inner cannula (easily removable tube inside the tracheostomy's outer tube, which catches mucus, can be cleaned or disposed of without removing the entire tracheostomy tube. This prevents airway blockages) supplies were available and immediately accessible as required for safe and effective respiratory care. This failure had the potential to place the residents at risk for infection, airway obstruction and inadequate ventilation, and delayed emergency response. During a review of facility's undated record titled Resident Face Sheet (RFS), the RFS indicated the following: -Resident 2 was admitted to the facility on [DATE] with diagnoses that included encephalopathy (any disease, damage, or malfunction that alters your brain's structure or function), tracheostomy, and acute and chronic respiratory failure with hypoxia (occurs when your respiratory system cannot adequately transfer oxygen into your bloodstream). -Resident 3 was admitted to the facility on [DATE] with diagnoses that included acute respiratory failure with hypoxia, and tracheostomy. -Resident 4 was admitted to the facility in January 2026 with diagnoses that included chronic respiratory failure with hypoxia, tracheostomy and intracerebral hemorrhage (a life-threatening type of stroke that occurs when a blood vessel inside the brain bursts, causing blood to leak into the surrounding brain tissue). -Resident 5 was admitted to the facility in September 2025 with diagnoses that included anoxic brain damage (occurs when the brain is completely deprived of oxygen, leading to brain cell death within minutes), acute and chronic respiratory failure and tracheostomy. -Resident 6 was admitted to the facility in December 2021 with diagnoses that included acute respiratory failure with hypoxia, sepsis (the body's extreme, life-threatening response to an infection and bacteremia (the presence of viable bacteria in the circulating bloodstream)). -Resident 7 was admitted to the facility in March 2024 with diagnoses that included anoxic brain damage, acute respiratory failure with hypoxia, tracheostomy, Klebsiella pneumoniae (bacteria that can cause pneumonia, UTIs, wound infections and more) and Methicillin-Resistant Staphylococcus aureus (bacteria that has developed resistance to several common antibiotics, including methicillin, making infections harder to treat). -Resident 8 was admitted to the facility in April 2026 with diagnoses that included acute respiratory failure with hypoxia, traumatic brain injury (a disruption in normal brain function caused by a sudden bump, blow, or jolt to the head, or a penetrating object), and tracheostomy. -Resident 9 was admitted to the facility October 2024 with diagnoses that included anoxic brain damage, acute respiratory failure, and tracheostomy. -Resident 10 was admitted to the facility in September 2025 with diagnoses that included tracheostomy status and chronic respiratory failure with hypoxia. During a review of Residents 2, 3, 4, 5, 6, 7, 8, 9 and 10's Physician Order Report (POR) for 6/1/26-6/30/26, the POR indicated to change the inner cannula every day and as needed. The POR also indicated all eight residents used Shiley (brand name of tracheostomy product line) size 6 except for Resident 10, who used Shiley XLT size 6. During a concurrent observation and interview on 6/15/26 at 12:02 p.m. with Registered Nurse Supervisor (RNS), in the hallway by the Respiratory Supply closets, RNS stated Respiratory Therapist (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
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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(RT) 1 ensured sufficient respiratory care supplies for the subacute unit and orders stock as needed. Respiratory Supply Closet 1 contained Shiley disposable inner cannulas, sizes 7, 8, and 4; sizes 5 and 6 were not available but RNS stated they were possibly in the RT cart. Respiratory Supply Closet 2 held suction catheters, as well as an open box with 11 tracheostomy care kits. During a concurrent observation and interview on 6/15/26 at 12:17 p.m. with RT 2, RT 2 stated there was only one Shiley 6 in the RT cart, and none found in Respiratory Supply Closet 1. For trach care, inner cannulas were replaced or cleaned using trach care kits if inner cannula replacements were not available. RT stated only 11 trach care kits were available for all 22 Subacute unit residents. During an interview on 6/15/26 at 2:35 p.m. with Director of Nursing (DON), DON stated that all subacute unit residents with tracheostomies had two spare inner cannulas for emergencies. DON stated, when the unit was short of inner cannulas, RTs and RNS could use them while waiting for the supplies. During an interview on 6/16/26 at 1:07 p.m. with RNS, RNS stated working as Subacute RN Supervisor and RT that day. RNS stated disposable inner cannulas should be changed daily, but due to supply shortages, she only cleaned them before reuse. RNS stated eight residents (Resident 2, 3, 4, 5, 6, 7, 8, and 9) needed Shiley disposable inner cannula size 6, while Resident 10 required Shiley 6XLT, which was also unavailable. During an interview on 6/16/26 at 3:57 p.m. with Registered Nurse (RN) 1, RN 1 stated he covered the pm shift after RNS left and acted as RT since no RT was on duty. RN 1 stated a shortage of inner cannulas for some residents, making daily changes difficult despite their importance for preventing mucus plugs and infection. RN 1 stated that spare bedside inner cannulas must be reserved for emergencies and not used for routine tracheostomy care. During a review of the facility's undated policy and procedure (P&P) titled Tracheostomy Care, the P&P indicated, its purpose is to keep the airway open, maintain cleanliness and prevent infection. The procedure includes wearing clean gloves, removing and discarding the soiled dressing and disposable inner cannula, opening a sterile kit, and using a sterile hand to insert and lock a new inner cannula.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff adherence to its infection control policies and Centers for Disease Control and Prevention's recommended (CDC, lead federal agency responsible for protecting public health and safety) transmission-based precautions when a Certified Nursing Assistant (CNA) 1 entered Residents 13, 14, 15, 16, 9, 8, 7, and 17's room requiring contact precautions without donning the required personal protective equipment (PPE, is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses). This failure exposed residents and staff to potential cross-contamination and increased the risk of transmission of infectious organisms. Findings: During a concurrent observation and interview on 6/16/26 at 3:55 pm, inside the Subacute Unit, CNA 1 entered Residents 13 and 14's room with a Contact Precaution (infection-control measures used to prevent the spread of diseases transmitted through direct or indirect contact with a patient or their environment) sign and placed linens and gowns inside the residents' closet. CNA 1 entered and exited the room wearing only a surgical mask under his chin and leaving his mouth and nose exposed. CNA 1 repeated this when he entered Residents 15, 16, 9, 8, 7 and 17's rooms that had Contact Precaution signs without donning PPE. CNA 1 stated he should have used gown, gloves and a properly worn surgical mask for safety, to protect himself and his family. During an interview on 6/16/26 at 3:57 p.m. with Registered Nurse Supervisor (RNS), RNS stated all staff should wear PPE when entering a Contact Precaution room. During a review of the facility's line list (structured table used to track individual cases during an outbreak or infection control event) last updated June 2026, the line list indicated the following: Resident 13 had infections with multiple organisms that included Carbapenem-resistant Pseudomonas aeruginosa (CRPA, a dangerous, multidrug-resistant strain of bacteria that does not respond to carbapenem antibiotics-a last-line treatment for serious infections), Carbapenem-Resistant Acinetobacter baumannii (CRAB, are bacteria resistant to nearly all antibiotics and difficult to remove from the environment), Multi-Drug Resistant Organism, Extended-Spectrum Beta Lactamases (MDRO ESBL, a superbug that resists multiple classes of drugs, making infections much harder to cure), Oxacillinase (OXA, an enzyme that is resistant to certain antibiotics like penicillin and oxacillin), New Delhi [NAME] Beta-lactamases (NDM, an enzyme produced by certain superbug bacteria that makes them resistant to nearly all available antibiotics, including -lactam antibiotics and last-resort carbapenems. Bacteria carrying the NDM gene can cause severe, hard-to-treat infections in healthcare settings). Resident 14 had infections that included CRAB, Pseudomonas aeruginosa, NDM, OXA, Methicillin-resistant Staphylococcus Aureus (MRSA, (staph) bacteria that has genetically adapted to become resistant to many standard antibiotics, including methicillin, oxacillin, penicillin, and amoxicillin (MRSA), and CRPA. Resident 15 had infections that included OXA, CRAB, Klebsiella Pneumoniae Carbapenemase (KPC, highly dangerous, antibiotic-resistant bacteria often referred to as superbugs), NDM CRAB and CRPA. Resident 16 had infections that included NDM/OXA, CRAB, CRPA, KPC, and Vancomycin-resistant Enterococci (VRE, a bacteria resistant to vancomycin). Resident 9 had infections that included CRPA, Carbapenem-resistant Enterobacteriales Klebsiella Pneumoniae Carbapenemase (CRE KPC, highly dangerous, antibiotic-resistant bacteria often referred to as superbugs), and OXA. Resident 8 had CRPA. Resident 7 had infections that included KPC MRSA, and NDM. Resident 17 had Carbapenem-resistant Klebsiella Pneumoniae (CRO KP, a highly dangerous, multidrug-resistant strain of bacteria [Klebsiella pneumoniae] that is immune to carbapenem antibiotic). During a review of the facility's undated policy and procedure (P&P) titled Transmission-Based Precaution: Contact, the P&P indicated, contact precaution may be indicated for residents known or suspected to be infected or colonized with microorganisms that can spread by direct contact with the resident, or indirect contact with the environmental surfaces or resident care items in the resident's environment. According to Centers for Disease Control and Prevention (CDC), (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for contact precaution, use gown and gloves for all interactions with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. [Reference: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html].		