

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DRIFTWOOD HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4109 EMERALD ST TORRANCE, CA 90503</b>	
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 0690  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review the facility's nursing staff failed to correctly document the fluid output for one of two sampled residents (Resident A). This deficient practice placed the resident at risk for unrecognized fluid imbalance.</p> <p>Findings: A review of Resident A's Admission Records indicated the was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident A's admission orders [REDACTED]. A review of an Intake/Output flow Sheets, dated 9/17/19 through 12/4/19 indicated Resident A's fluid output was documented as X (time) 1 and X 2 each shift. A review of the Evaluations of Intake/Output form, dated 9/17/19 through 12/4/19 indicated the average 24 hour output was documented as X 5 and X 6. The section to assess skin turgor, [MEDICAL CONDITION] and mucous membrane was left blank on multiple days of the assessment form. On 3/12/2020 at 9:25 a.m., during an interview the Director of Nursing (DON) stated on admission Resident A had an order for [REDACTED]. The DON acknowledged X 1, X 2, and X 3 does not tell how much fluid the resident is loosing. A facility policy and procedure titled Intake &amp; Output, dated 7/2008 indicated the purpose is to evaluate a resident's fluid intake and output, to maintain proper hydration and health status and to monitor high-risk residents and those with active dehydration for actual fluid intake and/or output. Intake and output is recorded for residents on a physician order [REDACTED].</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.