

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055715	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2025
NAME OF PROVIDER OR SUPPLIER Kyakameena Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2131 Carleton Street Berkeley, CA 94704	

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)
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on observation, interview and record review, the facility failed to ensure one of one sampled resident (Resident 1) received a written notification about the room change when Resident 1 was moved to another room. This failure resulted in violation of Resident 1's rights to receive written notice of the room change, including the reason for the change, before the resident's room in the facility was changed. During a review of Resident 1's admission Record, dated 12/17/25, the admission Record indicated Resident 1 was admitted in the facility on 10/10/25. During a review of Resident 1's Minimum Data Set (MDS, an assessment used to guide plan of care) dated 10/16/25, the MDS indicated Resident 1's Brief Interview of Mental Status (BIMS, a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information) score was 15 out of 15, indicating intact cognitive status. During a telephone interview on 12/17/25 at 10:43 a.m. with Resident 1, Resident 1 stated, she was told by the wound care nurse on her last night in the facility that she will be moving to another room. Resident 1 stated there was no paperwork given to her to notify that she's moving to another room. During a concurrent interview and record review on 12/17/25 at 11:48 a.m. with Registered Nurse (RN) 1, Resident 1's Behavior Note, dated 12/4/25 at 8:33 a.m. was reviewed. The Behavior Note indicated, RN 1 communicated and explained the situation with Resident 1 regarding moving to another room. RN 1 stated she verbally informed Resident 1 of moving to another room. RN 1 stated that she did not provide a written notification to Resident 1. During a concurrent interview and record review on 12/17/25 at 11:59 a.m. with the Staffing Coordinator (SC), the facility Census List (a report showing all admitted patients, dated 12/4/25 at 11:03 a.m. was reviewed. The Census List indicated that an action code RC (room change) was associated with Resident 1. The SC stated Resident 1 did have a room change from one room to another. During a concurrent interview and record review on 12/17/25 at 12:10 p.m. with the Director of Nursing (DON), the DON stated, she remembers verbally discussing the room change with Resident 1. The DON stated she was not aware of the room change policy, and that she did not provide a written notification Resident 1. During a concurrent interview and record review on 12/17/25 at 1:35 p.m. with RN 1, RN 1 she could not locate any documentation indicating, a written notice of room change was entered or uploaded in Resident 1's Electronic Health Record. During a concurrent interview and record review on 12/17/25 at 1:37 p.m. with RN 1, the facility's policy and procedure (P&P) titled, Room Change/Roommate Assignment, dated 3/21 was reviewed. The P&P indicated, .4. Prior to changing a room or roommate assignment all parties involved in the change/assignment (e.g., resident and their representatives) are given. advance written notice of such change. RN 1 stated she was not aware of the room change policy.</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055715
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