

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Ashby Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2270 Ashby Avenue Berkeley, CA 94705	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>Based on interview and record review, the facility failed to ensure that residents were provided the opportunity to participate in regular Resident Council meetings, as the facility did not hold scheduled or routine Resident Council meetings for a census of 27 residents. This failure had the potential to result in the inability of residents to voice their concerns or contribute to improving facility operations impacting their dignity and overall quality of life. During an interview on 3/4/26 at 2:13 p.m. with Administrator (ADM), ADM stated she was unaware of the location of resident council meeting minutes, provided a two-page list of resident names from the past two months and stated it was the attendance list for the past resident council meetings. During an interview on 3/5/26 at 10:51 a.m. with Certified Nursing Assistant/Activity Staff (CNA/AS), CNA/AS stated resident council meetings have not occurred since November 2025. CNA/AS stated the facility needs to consistently hold these monthly meetings. CNA/AS also stated there were no records of meeting minutes in the binder, and the list ADM provided on 3/4/26 only included residents who attended bingo. During a review of the facility's policy and procedure (P&P) titled Resident Council Policy and Procedure, undated, the P&P indicated the facility supports a Resident Council to encourage resident participation in decisions impacting their quality of life. Meetings are held monthly, with minutes and attendance recorded and maintained.</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
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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, for four of four sampled residents (Residents 1, 2, 3 and 4), the facility failed to ensure that activities were designed to meet the interests and the physical, mental, and psychosocial well-being of residents. This failure had the potential to result in residents not receiving individualized, meaningful activities that support their quality of life. During a review of Resident 1's admission Record (AR) dated 10/29/24, the AR indicated Resident 1 was admitted to the facility in October 2024 with diagnoses that included major depressive disorder (serious common mood disorder characterized by persistent sadness, loss of interest that significantly impacts daily functioning).During a review of Resident 1's Minimum Data Set (MDS, an assessment tool used to direct resident care) dated 2/7/26, the MDS indicated Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information) score of 14. A BIMS score of 14 is an indication of intact cognitive status.During review of another MDS dated [DATE] the MDS, under Section F, Interview for Activity Preferences, indicated Resident 1 values listening to music, staying informed, and doing favorite activities. The MDS also indicated it was somewhat important for Resident 1 to go outside in good weather to get fresh air and participate in religious activities or practices.During an interview on 3/4/26 at 10:49 a.m. with Resident 1, Resident 1 stated wanting to transfer to another facility due to boredom and lack of activities. Resident 1 also stated it feels as though residents are sent to this facility to die.During a review of Resident 2's AR dated 1/16/26, the AR indicated Resident 2 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder, delirium, and unspecified dementia (memory loss, confusion, and impaired judgment).During a review of Resident 2's MDS dated [DATE], the MDS indicated a BIMS score of 13. A BIMS score of 13 is an indication of intact cognitive response. The MDS also indicated, for Resident 2 values listening to preferred music, staying updated on news, engaging in favorite activities, and spending time outdoors.During a concurrent interview and record review on 3/4/26 at 12 noon with Administrator (ADM), ADM stated Resident 2's chart did not indicate an activity care plan and progress notes from activity staff regarding Resident 2's activity preferences. ADM stated Resident 2 prefers independence over group activities and enjoys watching cars in the parking lot. During an interview on 3/4/26 at 12:42 p.m. with Resident 2, Resident 2 stated the activity calendar posted was not followed, and that activities were often posted and advertised but not held. Resident 2 also stated interest in performing music for other residents but noted there were no opportunities to do so.During a concurrent observation and review of activities calendar between 2 p.m. and 2:45 p.m. in activity room, although baking was scheduled for 2 pm every Wednesday, only a few residents in wheelchairs were present throughout the day, and the baking activity did not take place.During a concurrent observation and interview on 3/4/26 at 2:27 p.m. with Resident 3, Resident 3 stated they did not bake today, the activity staff had already left, and CNAs only help with coffee before dinner. Resident 3 also stated residents did not go out to the patio even when the weather was good.During a review of Resident 3's AR dated 11/1/24, the AR indicated Resident 3 was admitted to the facility in November 2015. The MDS dated [DATE] indicated a BIMS score of 14.During an interview on 3/4/26 at 2:30 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated the residents remain in the activity room watching TV after the activity staff leaves, until the afternoon shift CNAs arrive.During an interview on 3/5/26 at 10:26 a.m. with Resident 4, Resident 4 stated going outside for fresh air two weeks ago when a friend visited. Resident 4 also stated staff are usually too busy to assist residents in going outside except during such visits.During an interview on 3/5/26 at 10:40 a.m. with CNA/Activity Staff (CNA/AS), CNA/AS stated she works both as a CNA and activity staff, arriving at 5:30 a.m. to prepare residents for the day before helping with activities. CNA/AS stated that yesterday, 3/4/26, baking was not offered and the activity calendar needed revision to reflect residents' preferences. CNA/AS (continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>does not work Friday to Sunday, so other CNAs handle weekend activities. During an interview on 3/5/26 at 11:07 a.m. with Director of Nursing (DON), DON stated there was no activity care plan or progress notes in Resident 4's clinical record. During an interview on 3/5/26 at 11:17 with CNA 2, CNA 2 stated, during the weekends, residents sit in the activity room without activities due to the absence of activity staff, while the CNA monitors them from outside the activity room near the entrance to prevent falls. During an interview on 3/5/26 at 11:20 a.m. with CNA/AS, CNA/AS stated she did not know Resident 2 loved to play violin and piano. During a review of Resident 4's AR dated 11/1/24, the AR indicated Resident 4 was admitted to the facility on [DATE]. MDS dated [DATE] indicated Resident 4 had a BIMS score of 15 and showed preferences for music, news, group activities, favorite hobbies, outdoor time, and participation in religious services. During a review of the facility's policy and procedure (P&P) titled Activity Director Policy and Procedure, undated, the P&P indicated the facility will provide ongoing activities to support residents' interests and psychosocial well-being. The Activity Director develops and coordinates group and individual activities, completes assessments, creates care plans, supervises staff, and maintains records. Upon admission, each resident is assessed; care plans are based on these assessments. Monthly calendars are posted, and group activities can include exercise, games, music, education, and social events. One-on-one engagement is offered if needed. Staff document participation, refusals, and resident responses to activities.</p>		