

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: 555466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2026
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)		
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide an ongoing resident-centered activity program to support residents individualized activities needs for three of (Resident 1, 2 and 3) of three sampled residents when; Facility did not provide consistent resident-centered activities. Facility did not provide residents activities in the evening and on weekend. Facility did not address Resident 2's impaired cognition with individual activity care plan. Activities refers to any endeavor, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence. This failure had the potential to cause residents emotional distress and decline in quality of life. During a concurrent observation and interview on 5/27/26, at 10:30 a.m., Resident 1 was seated up in wheelchair in her room watching television. Resident 1 stated facility had no activity program that was engaging. Resident 1 stated she watched television and sometimes stayed outside with a group of residents to talk in the sun. Resident 1 stated there were no group activities in the evenings and on the weekends. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), dated 3/1/26, the MDS indicated Resident 1 was admitted to the facility on [DATE]. MDS indicated Resident 1's Basic 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. A BIMS score of thirteen to fifteen is an indication of intact cognitive status.) score was 14 which indicated intact mental status. MDS indicated Resident 1's activity preferences indicated that listening to music was very important. MDS indicated Resident 1 had a clear speech, made self-understood and understand others. MDS indicated Resident 1's diagnoses included cerebrovascular accident (stroke). During an observation on 6/9/26, at 10:55 a.m., six residents were in the activity room watching television. During a review of Resident 2's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), dated 3/28/26, the MDS indicated Resident 2 was admitted to the facility on [DATE]. MDS indicated Resident 2 had no speech and rarely or never understood. MDS indicated Resident 2's activity preferences included listening to music, spending time outdoors and participating in activities. MDS indicated Resident 2's diagnoses included Alzheimer's Dementia (memory loss). During an observation on 5/27/26, at 11:50 a.m., Resident 2 laid on her back in bed awake covered with blanket. Resident 2 was awake and non-verbal. During an interview on 5/27/26, at 12:00 p.m., with Certified Nursing Assistant (CNA 1), CNA 1 stated Resident 2 was nonverbal but understood when spoken with her. CNA 1 stated Resident 2 was always in bed and did not attend activities. During a review of facility's activity program calendar, poster on the wall in the hallway next to activity room, the activity calendar indicated that all activities in the facility ended at 3:30 PM. During a concurrent interview and record review on 5/27/26, at 12:15 p.m., with Registered Nurse/Administrator (RN/Admin), posted activity calendar was reviewed. RN/Admin stated residents could watch television in their rooms. Resident 2's MDS and care plans were reviewed. RN/Admin (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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	could not provide care plan that addressed Resident 2's activities need. RN/Admin said that Activity staff was not available. During a review of Resident 3's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), dated 3/27/26, the MDS indicated Resident 3 was admitted to the facility on [DATE]. MDS indicated Resident 3's BIMS score was 15. The BIMS score indicated intact cognition. MDS indicated Resident 3's activity preferences included listening to music, reading books, group activities and attending religious services. MDS indicated Resident 3 had a clear speech, made self-understood and understood others. During a concurrent observation and interview on 6/9/26, at 10:58 a.m., Resident 3 was seated in the hallway next to the facility's entrance door. Resident 3 stated facility did not have a consistent activity program. Resident 3 stated she watched television. Resident 3 stated she would like to go outside for activities such as garage sale, gardening which facility did not provide. Resident 3 stated she watched television in her room because activities were not provided in the evenings. During a concurrent observation and interview on 6/9/26, at 11:00 a.m., Resident 1 was seated in the hallway by entrance door of the facility. Resident 1 stated facility had little or no activities. Resident 1 stated activities provided were not frequent enough. Resident 1 stated the activities provided were the same every day. Resident 1 stated she felt bored because the activities provided for her were not engaging. During an interview on 6/9/26, at 11:50 a.m., with CNA 2, CNA 2 stated he was assigned to provide residents some exercises and trivia activities. CNA 2 stated he had no training to provide residents' activities. CNA 2 stated in addition he was assigned to provide care for seven residents. During an interview on 6/9/26, at 12:23 p.m., RN/Admin stated CNA2 was assigned to provide residents activities. RN/Admin stated AD was not available.		