

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER Elmwood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2829 Shattuck 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, interview, and record review, the facility failed to meet the needs of five of five sampled residents (Resident 1, 2, 3, 4, and 5) when the facility did not develop and implement a comprehensive, person-centered care plan to address Resident 1, 2, 3, 4, and 5 's use of handheld call bells when the call light system was not operational.</p> <p>This failure had the potential to result in Residents 1, 2, 3, 4, and 5 not receiving appropriate care and monitoring.</p> <p>Findings:</p> <p>During a record review of Resident 1's admission Record (AR), dated 5/9/25, the admission Record indicated Resident 1 was admitted to the facility in March 2023 with diagnoses of weakness and history of falling.</p> <p>During a record review of Resident 1 's Brief Interview for Mental Status (BIMS, is a scoring system used to determine the resident's cognitive status regarding attention, orientation, and ability to register and recall information. A BIMS score 13 to 15 is an indication of intact cognitive response.), dated 3/3/25, the record indicated Resident 1's BIMS score was 13.</p> <p>During an interview on 5/8/25 at 12:07 p.m. with Resident 1, Resident 1 stated the call light system had not been working for more than a month. Resident 1 stated the facility kept telling them that they were working on it when they asked about the call lights. Resident 1 stated she refused to use the call lights because it was annoying. Resident 1 stated she preferred to yell out if she needed some help from the staff.</p> <p>During a record review of Resident 2's AR, dated 5/9/25, the AR indicated Resident 2 was admitted to the facility in October 2020 with diagnoses of Parkinson ' s disease (disorder of the central nervous system that affects movement, often including tremors) and absence of left leg below knee.</p> <p>During a record review of Resident 2 ' s Brief Interview for Mental Status dated 3/18/25, Resident 2 ' s BIMS score was 14 indicating intact cognitive response.</p> <p>(continued on next page)</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 5/8/25 at 12:31 p.m. with Resident 2, a handheld bell was located on top of Resident 2 ' s tray table. Resident 2 stated the call light system had not been fully functioning for a couple of years. Resident 2 stated the facility had given them handheld bells in replacement for the call light buttons. Resident 2 stated other residents might have been greatly affected by not having the call light buttons because some were physically disabled.</p> <p>During a record review of Resident 3's AR, dated 5/9/25, the AR indicated Resident 3 was admitted to the facility in February 2025 with diagnoses of cerebral infarction (occurs when the blood supply to part of the brain is blocked or reduced) and gastrostomy status (an opening into the stomach from the abdominal wall, made surgically for the introduction of food).</p> <p>During a record review of Resident 3 ' s Brief Interview for Mental Status dated 3/18/25, Resident 3 ' s BIMS was not attempted and the record indicated Resident 3 was rarely/never understood.</p> <p>During an observation on 5/8/25 at 12:46 p.m. with Resident 3, Resident 3 was lying in bed with an ongoing tube feeding (medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation). Resident 3 ' s handheld call bell was located on the bedside drawer table and not within Resident 3 ' s reach.</p> <p>During an interview on 5/8/25 at 12:49 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated Resident 3 was not cognitively alert and unable to verbalize his needs. CNA 1 further stated Resident 3 needed a lot of supervision to prevent falls and injuries.</p> <p>During an interview on 5/8/25 at 12:51 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the call lights in the long-term unit had been broken more than a year ago and ever since then the residents had been using the handheld call bells. LVN 1 stated having no working call lights posed a lot of risks including falls and injuries. LVN 1 stated some residents were physically and mentally not able to use the handheld bells. LVN 1 stated some residents also refrained from using the handheld call bell because the sound was too loud and annoying them.</p> <p>During a record review of Resident 4 ' s AR, dated 5/9/25, the AR indicated Resident 4 was admitted to the facility in April 2025 with diagnoses of history of falling and schizophrenia (a mental disorder characterized by disruptions in thought processes, perceptions, emotional responsiveness, and social interactions).</p> <p>During a record review of Resident 4 ' s Brief Interview for Mental Status dated 4/15/25, Resident 4 ' s BIMS score was 10 indicating moderate cognitive impairment.</p> <p>During an observation and interview on 5/8/25 at 2:18 p.m. with Resident 4, Resident 4 had a handheld bell on top of the tray table within reach. Resident 4 stated he had a fall a week ago because he tried to get up on his own and he tripped. Resident 4 stated there were times when he used the handheld bell provided to him, the staff took a while to respond.</p> <p>During a record review of Resident 5 ' s AR, printed on 5/8/25, the AR indicated Resident 5 was admitted to the facility in February 2025 with diagnosis of Alzheimer ' s disease (a progressive disease that destroys memory and other important mental functions).</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a record review of Resident 5 ' s Brief Interview for Mental Status dated 4/15/25, Resident 5 ' s BIMS score was 8 indicating moderate cognitive impairment.</p> <p>During a concurrent observation and interview on 5/8/25 at 2:25 p.m. with Resident 5, Resident 5 was lying in bed. Resident 5 had a handheld bell on top of the tray table not within Resident 5 ' s reach. Resident 5 was observed to be confused when Resident 5 stated he was asking for his mother in the room. Resident 5 stated he did not like using the handheld bell because he did not need think he needed it.</p> <p>During an interview on 5/8/25 at 5:43 p.m. with the Director of Nursing (DON), the DON stated they did not develop a person-centered comprehensive care plan to Residents 1, 2, 3, 4, and 5 when the call light system stopped working. The DON stated they should have developed a person-centered care plan for all residents who were using the handheld bells so that everyone from the Interdisciplinary Team (IDT, a team that includes staff members from multiple disciplines such as nursing, therapy, physicians, and other advanced practitioners) could have been all aware of how to provide care accordingly.</p> <p>During a record review of the policy and procedure (P&P), titled, Care Plans, Comprehensive Person-Centered, revised in December 2016, the P&P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident . 7. The care planning process will . a. Facilitate resident and/or representative involvement; b. Include an assessment of the resident ' s strengths and needs . 8. The comprehensive, person-centered care plan will a. Include measurable objectives and timeframes; b. Describe the services that are to be furnished to attain or maintain the resident ' s highest practicable physical, mental, and psychosocial well-being; c. Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; g. Incorporate identified problem areas; h. Incorporate risk factors associated with identified problems; i. Build on the resident ' s strengths . 12. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS).</p>		