STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555819	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmwood Care Center	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interviews and record review, the facility failed to administer medication as ordered by their physician for one of three sampled residents (Resident 1), when the facility did not administer Resident 1's physician ordered dose of insulin (a hormone needed to move sugar from blood into cells for energy). This failure had the potential to jeopardize Resident 1's health and safety.During a review of Resident 1's admission Record, printed 4/16/26, the Record indicated Resident 1 was admitted to the facility in February 2026 with a diagnosis of Type 1 Diabetes Mellitus (a chronic condition where the body's immune system attacks and destroys insulin producing cells in the pancreas, requiring daily insulin treatment to prevent high blood sugar) . During a review of Resident 1's Physician's Order, dated 2/1/26, the Order indicated, Insulin NPH (an intermediate-acting insulin used to manage blood sugar levels in people with diabetes). Subcutaneous Suspension 100 UNIT/ML (milliliter). Directions. Inject 8 unit subcutaneously one time a day for diabetes type 1 give 30 minutes before a meal. Start Date 2/2/26 06:30. During a concurrent interview and record review on 4/16/26, at 12:17 p.m., with Director of Nursing (DON), Resident 1's Medication Administration Record (MAR), dated February 2026 and Resident 1's Progress Notes, dated 2/2/26 were reviewed. DON stated the MAR indicated on 2/2/26, for the 6:30 a.m. administration time, Resident 1's Insulin NPH was held. The Progress Note, indicated, Insulin NPH. pending delivery. DON stated there was no documentation on the MAR or Progress Notes that indicated Resident 1 received their Insulin NPH on 2/2/26 at the 6:30 a.m. administration time, or the physician was notified after it was held. During an interview on 4/16/26, at 2:49 p.m., with DON, DON stated when insulin was not given as ordered by their physician, staff should have assessed the resident, taken their blood sugar, and notified the physician to get any new orders such as an order to hold the medication or for an alternative medication. DON stated this was important for patient safety and to prevent complications. During a review of the facility's policy and procedure (P&P) titled, Medication administration, dated 1/1/24, the P&P indicated, Medications shall be administered as ordered by a licensed nurse upon the order of a physician/ licensed independent practitioner. The P&P indicated, Holding medications. the responsible nurse shall notify the physician of any medications held and the reasons for holding as soon as possible. The P&P indicated, Medication Errors. The nurse shall notify the physician immediately after a medication error has been noted. if a medication error is the omission of a dose, the nurse shall notify the appropriate physician and observe the resident for any status change.

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