

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: 555819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
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)		
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, for one of three sampled residents (Resident 1), the facility failed to ensure Resident 1, who required intermittent self-catheterization (inserting a thin, flexible tube called a catheter through the urethra into the bladder to drain urine, typically done several times a day to prevent urinary tract infections and kidney damage), was provided the necessary physician-ordered catheter supplies to support Resident 1's ability to perform activities of daily living. This failure had the potential to result in Resident 1's urinary retention (inability to completely or partially empty the bladder), infection and discomfort during procedure. Findings: During a review of Resident 1's admission Record (AR) dated 6/24/26 the AR indicated Resident 1 was admitted to the facility in June 2025 with diagnoses of obstructive and reflux uropathy (Obstructive uropathy occurs when a structural or functional blockage hinders the normal flow of urine. Reflux uropathy when urine flows backward from the bladder into the ureters and kidneys), benign prostatic hyperplasia (enlarged prostate), acute kidney failure (sudden and rapid loss of your kidneys' ability to filter waste from your blood), and severe sepsis (a life-threatening medical emergency defined by an infection that triggers the body's immune system to overreact, resulting in acute dysfunction or failure of one or more organs). During a review of Resident 1's Minimum Data Set (MDS, an assessment tool used to direct resident care), dated 6/10/26, the MDS indicated a Brief Interview for Mental Status (BIMS, is 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 15 (A BIMS score of thirteen to fifteen is an indication of intact cognitive status). During an interview on 6/24/26 at 12:16 p.m., with Resident 1, Resident 1 stated needing to obtain straight catheter supplies himself. Resident 1 stated the using of new Central Supply Staff (CSS) began two months prior, the facility did not provide Coude (a type of urinary catheter with a curved tip used for intermittent catheterization) 16 Fr (French- It is the universal unit of measurement used to describe the outside diameter [gauge] of the catheter tube) catheter ordered by the urologist. During a review of Resident 1's undated Orders, the Orders indicated that Resident 1 should self-catheterize using [NAME] (name of the factory) hydrophilic VaPro (ready-to-use, no-touch urinary catheter designed for sterile bladder drainage) coude 16 Fr straight catheter (a thin, flexible tube inserted into bladder to drain urine, then removed immediately after use) six times daily, and the facility must provide the supplies. During an interview on 6/24/26 at 1:52 p.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 self-catheterized, but she did not know who supplied the catheters. LVN 1 stated she never gave the catheters herself because it was ordered via CSS and CSS usually supplied them. During a concurrent observation and interview on 6/24/26 at 2:20 p.m., with CSS, CSS stated she was not sure what catheter size was provided to Resident 1 or not as she had not provided one. CSS stated the nurses handled the supplies that Resident 1 needed. CSS went to the storage room in the facility's basement and, after 20 minutes, returned with an 18 Fr silicone-coated foley catheter (a flexible, sterile tube inserted through the urethra into the bladder to drain urine. Held in place by an inflated balloon, it allows for continuous bladder drainage in patients unable to urinate naturally), unaware it differed from a straight catheter. (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	CSS stated being new to the facility. Shortly after, CSS provided a 14 Fr [NAME] brand straight catheter. During an interview on 6/24/26 at 3:30 p.m., with LVN 2, LVN 2 stated working the evening shift. LVN 2 stated Resident 1 must have received supplies from the Central Supply (CSS) rather than the nursing team. LVN 2 stated she has never provided Resident 1 with a catheter for use. During a follow-up observation and concurrent interview on 6/24/26 at 3:38 p.m., with Resident 1, at Resident 1's bedside, Resident 1 showed multiple boxes that included Apogee IC (a straight catheter for intermittent use) 14 FR, 16 inches, a box of straight tip 16 Fr [NAME] catheters, but none were Coude catheters. Resident 1 stated he preferred the Coude type with a curved tip as they were easier to use for his obstruction. During an interview on 6/25/26 at 10:12 a.m., with Director of Nursing (DON), DON stated she was unaware Resident 1's lack of supplies for catheterization. DON stated only straight catheters with a straight tip were available in Central Supply not the Coude, DON stated she would review the physician's orders to find out what kind of catheter Resident 1 needed. According to an article from [NAME] Medical (a leading manufacturer of disposable medical products such as catheters), straight catheters are easy to use for those who do not have obstructed urinary tract, whereas Coude catheters have an angled, slightly curved tip, designed for patients with obstructive urinary tract for example those who have benign prostatic hyperplasia because the catheter easily bypasses the obstruction smoothly. Reference: Coude vs. Straight Catheters: Which One Is Right for You?-Hangzhou [NAME] Medical Devices Co., Ltd		