

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555466</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASHBY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2270 ASHBY AVENUE BERKELEY, CA 94705</b>	
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 0656  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, for one of three sampled residents (Resident 1), the facility failed to implement a person-centered care plan to maintain resident's highest practicable physical, mental, and psychosocial well-being, based on the comprehensive assessment. This deficient practice had the potential to result in Resident 1 not receiving the appropriate medical interventions necessary to meet the resident's nursing care needs. Findings: During a review of Resident 1's Admission Face Sheet, printed on [DATE]0/19, the Admission Face Sheet indicated, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident 1's Minimum Data Set (MDS - an assessment tool used to direct care), dated 4/21/19, the MDS indicated, Resident 1 has a moderately-impaired decision making, which required cueing and supervision. Review of the MDS also indicated, Resident 1 has wandering behavior that occurred daily. Resident 1 was able to transfer and go to the toilet, which required limited assistance with one-person physical assist. Review of Resident 1's care plan titled Falls, dated 7/10/19, the care plan indicated Resident1 had history of falls which required approaches/interventions for Resident 1 to maintain a low bed position, call light within reach at all times, floor mat next to the resident's bed, and a tab alarm secured to the bed and/or wheelchair. During a concurrent observation and interview on 7/25/19 at 10:45 a.m., with Certified Nursing Assistant (CNA) 1, in the resident's room, Resident 1 did not have a floor mat next to her bed, the call light cord was tied around the right side of the bed rail ith its call button hanging down from the bed, and the tab alarm was attached to the pillow, instead of to the resident's night gown. CNA 1 stated since their return to work on 7/23/19, Resident 1 had been without a floor mat for three days. CNA 1 also stated Resident 1's call light cord was tied to the side rail, making it impossible for the resident to reach the call button. CNA 1 further stated Resident 1's tab alarm would not sound off if Resident 1 attempted to get up from the bed because the tab alarm was not attached directly to the Resident 1's clothing. During a follow up observation and interview on 7/25/19 at 10:55 a.m., with the Director of Nursing (DON), in Resident 1's room, DON stated housekeeping will be asked to bring the floor mat back to Resident 1's room. Review of the facility's undated policy and procedure titled, The Resident Plan of Care Must, indicated .Reflect the comprehensive assessment and address medical, nursing and psychosocial needs identified on the assessment.Indicate implementation of interventions.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.