

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: 055136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Berkley West Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1623 Arizona Avenue Santa Monica, CA 90404	
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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on observation, interview, and record review, the facility failed to protect the resident's right to be free from financial abuse (illegal or improper use of resident's funds or property) for one of two sampled resident (Resident 1) according to the facility's policy and procedures (P&P) titled, Alleged or Suspected Abuse and Crime Reporting dated 10/2025 evidenced by certified nursing assistant (CNA) 1 taking Resident 1's wallet, \$200.00, and credit card and charging \$78.70 on the credit card for personal use/gain. This deficient practice had the potential for Resident 1 to feel powerless and unprotected and the potential further financial abuse of residents in the facility. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 5/4/2026 with diagnoses that included but not limited to essential hypertension (high blood pressure) and depression (ongoing sadness, emptiness, irritability, or numbness, extreme fatigue, or changes in weight and appetite, difficulty concentrating, memory issues, or negative thinking). During a review of CNA 1's certificates on abuse, neglect, exploitation, and what is abuse, indicated CNA 1 satisfactorily completed abuse, neglect, exploitation and what is abuse training on 2/1/2026. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/16/2026, the MDS indicated Resident 1 had no cognitive (the mental ability to make decisions of daily living) impairment. The MDS indicated Resident 1 needed full staff assistance for eating, activities of daily living (ADL-oral hygiene, personal hygiene, sitting/laying, toileting hygiene, shower/bath, upper and lower body dressing, personal hygiene and toilet transfer). During a review of facility's document titled Transactions dated 6/6/2026 - 6/8/2026, indicated a total of \$78.70 purchases made as follows: A local Bar - \$32.00Fast food Restaurant - \$16.67Fast food Restaurant - \$34.03Donut & Bakery - \$6.00 During a review of Resident 1's History and Physical (H&P - medical document which include resident's background, physical exam and assessment) by resident's physician and signed by the same physician, dated 6/13/2026, H&P indicated Resident 1 is alert and the resident's Family member (FM) 1 is the resident's surrogate (someone appointed to make medical decisions on behalf of a person who becomes incapacitated) decision maker. During an observation and concurrent interview on 06/25/2026 at 11:55 am, Resident 1 stated that on on 6/14/2026 at 10:17am. Resident 1 noticed that \$200.00, resident's wallet and his one credit card in the wallet were missing. Resident 1 stated that Resident 1's FM 1 came to the facility on 6/15/2026 at 12pm and spoke to Director of Staff Development (DSD) and Licensed Vocational Nurse (LVN) 1 regarding the missing \$200.00, a wallet, and a credit card and that the facility investigated the missing money, wallet, and the credit card. Resident 1 stated Resident 1 did not want the accused (CNA 1) get arrested since the facility refunded the \$ 200.00. Resident 1 stated that the credit card was canceled, and that the credit card company refunded the money that was spent during 4 transactions (unaware of the transaction amount) after the wallet was stolen. During a telephone interview with FM 1 on 6/25/2026 at 12:19 pm, with FM 1 at Resident 1's bedside, FM 1 stated that FM 1 is Resident 1's Power of Attorney (POA - Legal document which stated the FM 1 can make decision on resident's behalf if resident not able to, FM 1 can also sign checks and make financial decision for the resident). FM 1 stated that FM 1 informed the DSD right away regarding Resident 1's stolen wallet and \$200.00 in cash. FM 1 stated (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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that the facility completed investigating the allegation, refunded Resident 1 \$200.00, FM 1 called the credit card company and cancelled the credit card and refunded Resident 1 the money for the 4 transactions. FM 1 stated Resident 1 did not wish for CNA 1 to be arrested and respected Resident 1's wishes. During an interview on 06/25/2026 at 12:19 pm, CNA 1 over the phone, CNA 1 stated, It was my mistake to steal. I am ready to face the consequences. I have been going through hard time; I was on disability this year. I did steal from Resident 1, but I only stole \$200.00 and used Resident 1's credit card for around \$70-\$80. I didn't steal anything from any resident before. During the facility surveillance video footage and concurrent interview on 6/25/2026 at 1:38 pm, with Administrator (Adm) and Director of Staff Development (DSD) was present, the facility's surveillance video dated 6/6/2025 between 3:42 am - 3:44 am was reviewed. Adm identified and confirmed that CNA 1 on the surveillance video footage. CNA 1 was seen inside a donut and bakery business and was placing an order. Adm stated that the donut and bakery business is a walking distance from the facility and that CNA 1 was working in the facility during the night on 6/5/2026 from 11 pm - 7 am. Adm stated that credit card company record showed that the purchase at the same donut and bakery business was made on the same date 6/6/2026 and time as to when CNA 1 placed an order. Adm stated another transaction was made using Resident 1's credit between 6/6/2026 - 6/8/2026 at a fast s food restaurant which is a walking distance from CNA 1'a home address. Adm stated CNA 1 received abuse training upon hiring and annually. Adm stated, I know this (financial) abuse shouldn't have happened. During a review of the facility's policy and procedures (P&P) titled, Alleged or Suspected Abuse and Crime Reporting dated 10/2025, the P&P indicated, Each resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.		