

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: 555872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER Chaparral House		STREET ADDRESS, CITY, STATE, ZIP CODE 1309 Allston Way Berkeley, CA 94702	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure timely reporting and thorough investigation of an allegation of misappropriation of resident property for one out of three sampled residents (Resident 1). Specifically, the facility did not notify law enforcement as required and document or maintain required lost-and-found logs. This failure resulted in the facility's inability to investigate the reported loss of \$5,000, placing Resident 1 at risk for unreported financial exploitation. During a record review of facility's document titled, admission Record, printed 6/2/26, Resident 1 was initially admitted to the facility on [DATE] with multiple diagnoses including hyperlipidemia (high cholesterol in blood), and acute on chronic diastolic heart failure (a condition where the heart does not pump enough blood to meet the needs of the body). During a record review of Resident 1's Minimum Data Set (MDS, an assessment tool used to evaluate a resident's functional capabilities, health needs, and clinical status), dated 3/6/26, the MDS assessment showed Resident 1 was able to understand others and make herself understood. Resident 1 was assessed with a Brief Interview for Mental Status (BIMS, an assessment for mental status) with a score of 15 out of 15, indicating no impaired cognition (mental status). During an interview on 6/2/26 at 1:20 p.m. with Resident 1, Resident 1 stated she had informed the Social Services Director (SSD) several weeks ago that \$5,000 was stolen from her room. Resident 1 also stated SSD told her he would file a police report. Resident 1 stated she asked SSD for a copy of the report and never received one. Resident 1 stated a police officer never spoke with her about the missing money. During an interview on 6/2/26 at 1:41 p.m. with SSD, SSD stated Resident 1 reported losing \$5,000 and he filed a police report but was unable to provide the name of the officer or a case number. SSD also stated he could not provide proof that law enforcement was notified. During a concurrent interview and record review on 6/2/26 at 1:41 p.m. with SSD, facility's document titled, Resident Theft and Loss Record, undated, was reviewed. SSD stated the current Resident Theft and Loss Record does not include the 5 thousand dollars that Resident 1 reported as missing. SSD also stated the Resident Theft and Loss Record was blank and SSD was unable to provide any Resident Theft and Loss Records that were filled out in the past year. During a record review, facility's document titled, Resident Theft and Loss Record, undated, was reviewed. The Resident Theft and Loss Record indicated, the proper law enforcement agency must be notified within 36 hours when the current value of the stolen property is \$100 or more. The Resident Theft and Loss Record also indicated the facility was required to document resident's lost or stolen personal property with a value of \$25.00 or more within 72 hours of the theft/loss discovery. During a concurrent interview and record review on 6/2/26 at 1:51 p.m. with SSD, facility's document titled, Interdisciplinary Progress Note, dated 5/4/26, for Resident 1 was reviewed. SSD stated he wrote the Interdisciplinary Progress Note on 5/4/26 and the note stated SSD is currently investigating the resident's claim of missing money. SSD stated this was the only documentation in Resident 1's electronic medical record about the missing money. During a concurrent interview and record review on 6/2/26 at 1:53 p.m. with SSD, facility's document titled, Report of Suspected Dependent Adult/Elder Abuse, dated 5/4/26, for Resident 1 was reviewed. SSD stated the form (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	indicated the ombudsman (an advocate for residents in skilled nursing facilities) was informed about the missing money. SSD also stated the box on the form indicating that law enforcement was informed was not checked. SSD stated for a large amount of money being reported as lost, the ombudsman should be notified because they are advocates for the residents and due to the amount of money, the police should be also notified. During an interview on 6/2/26 at 2:00 p.m., with Administrator (ADM), ADM stated the Resident Theft and Loss Record should have been filled out for a report of lost money and it was not completed. ADM stated the reason the Resident Theft and Loss Record should be completed is for investigations and tracking. During an interview on 6/2/26 at 1:48 p.m. with the Director of Nursing (DON), DON stated she was not informed that Resident 1 alleged she had lost five thousand dollars in the past month. During a review of [NAME] Police Department's website, titled Report a Crime, retrieved from https://berkeleyca.gov/safety-health/police/report-crime on 6/4/26, the website indicated that when crimes were reported, the person reporting the crime would receive a tracking number. During a review of the facility's policy titled Lost and Found, dated 2001, the policy indicated, .Resident or family complaints of missing items must be reported to the Director of Nursing Services. Lost and found records will be maintained for one (1) year.		