STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555872	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chaparral House	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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify Resident 1 of her Medicaid 'share of cost' in a timely manner and did not explain it in a way the resident could easily understand (Medicaid is a government-funded health insurance. Medicaid 'share of cost' is the specific dollar amount the insured resident is required to pay out-of-pocket for medical bills each month before Medicaid kicks in to cover the rest of the charges).This deficient practice compromised Resident 1's ability to make an informed decision, potentially leading to financial hardship and psychosocial issues. A review of Resident 1's Face Sheet (a one-page summary containing a resident's most critical demographic, financial, and medical information) indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included epilepsy (a brain disorder that causes a person to have repeated, unprovoked seizures), insomnia (sleep disorder), and abnormalities of gait and mobility. During a review of Resident 2's MDS (an assessment tool used to evaluate the health, functional capabilities, and over-all well-being of all residents staying in a Medicare- or Medicaid certified nursing facility) dated 6/5/26, it indicated Resident 1's BIMS (Brief Interview for Mental Status :provides an objective, replicable measurement of a resident's baseline mental function) score was 15 (a score of 15 means the resident has intact cognitive function and no signs of memory or thinking impairment). During an interview on 6/30/26 at 10:05 a.m., Resident 1 stated receiving a pending discharge date of 7/19/26 from the Social Services Director. Resident 1 also stated the facility told Resident 1 of monies owed to the facility due to several months of unpaid share of cost (a monthly medical deductible for people who make too much money to get free Medi-Cal benefits, but still qualify for the program based on their age, disability, or need for a long term care). Resident 1 stated the facility charges (share of cost) was not fully explained by the business office staff and/or the Social Services Director (SSD). Resident 1 explained to facility staff Resident 1's inability to pay the charges and is now worried because of the pending notice of discharge without any place to be discharged to.During a concurrent interview and record review on 6/30/26 at 1:20 p.m., with the SSD, Resident 1's facility invoice (bill or amount to pay) was reviewed. SSD stated Resident 1 has not paid the share of cost since 7/1/25 and SSD gave the initial eviction notice to Resident 1 on 4/6/26, and the second notice was given on 6/19/26. SSD was unable to provide documentation that the Medicaid share of cost charges was explained to Resident 1 prior to giving the eviction notice 4/6/26. During a review of the facility's P&P titled, (FACILITY- INITIATED TRANSFER/DISCHARGE POLICY), the P&P indicated, The facility shall protect each resident's right to remain in the facility and shall not transfer or discharge (evict) any resident except as permitted under federal and California law.

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