

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
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 07/23/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide proper notice for discharge for four of four sampled residents (Resident 2, 3, 4, and 5) when:Resident 2 received a Notice of Proposed Transfer and Discharge (NPTD, a document given by the facility to the resident indicating an upcoming discharge from the current facility to another location) providing less than 30 days' notice.Resident 5 received a NPTD providing less than 30 days' notice.Resident 3 was not given a 30-day advance written NPTD by the facility.Resident 4 was not given a 30-day advance written NPTD by the facility.These failures could have resulted in Residents 2,5,4 and 3 in not having the opportunities to have an advocate inform them of their right to appeal and could have led to an inappropriate transfer or discharge.1. Review of Resident 2's admission Record (AR) dated 7/23/26, indicated Resident 2 was admitted on [DATE] with diagnosis of cervical disc disorder (wear and tear, bulging, or damage to the soft cushion pads between the bones in the neck).A review of Resident 2's NPTD, the NPTD was dated 4/13/26, and was signed by Resident 2's representative on the same day, with a planned discharge date of 4/16/26 (resident was only given 3 days' notice).2. Review of Resident 5's AR dated 7/23/26, indicated Resident 5 was admitted on [DATE] with diagnosis of rhabdomyolysis (a serious medical condition where damaged muscle tissue breaks down rapidly and leaks its poisonous contents directly into the blood).A review of Resident 5's NPTD, the NPTD was dated 4/28/26, and was signed by Resident 2 on the same day, with a planned discharge date of 5/6/26 (resident was only given 8 days' notice).A review of Resident 5's medical records indicated that Resident 5 was discharged home on 5/6/26.3. Review of Resident 3's AR dated 7/23/26, indicated Resident 3 was admitted to the facility on [DATE] with diagnoses of fracture of left femur (broken left thigh bone) and history of falling.A review of Resident 3's medical records indicated that Resident 3 was discharged home on 4/2/26.4. Review of Resident 4's AR dated 7/23/26, indicated Resident 4 was admitted to the facility on [DATE] with diagnoses of fracture of left femur and history of falling.A review of Resident 4's medical records indicated that Resident 4 was discharged home on 3/11/26.During a concurrent record review and interview on 7/22/26, at 2:49 p.m. with the SSD, Resident 3 and 4's medical records were reviewed. SSD stated that Resident 3 and Resident 4 were not given the NPTD during their facility stay. Furthermore, Resident 2 and Resident 5's medical records were also reviewed. SSD stated that Residents 2,3,4 and 5 should have been given the NPTD 30 days prior to their discharge to allow adequate time for the residents' safe relocation planning and give families time to find an appropriate new home.During an interview on 7/23/26, at 2:52 p.m. with the Director of Nursing (DON), DON stated that Residents 2,3,4 and 5 should have been given the NPTD 30 days prior to their discharge because it was the federal regulation (Federal regulations are official rules issued by government agencies).During a review of the facility's Policy and Procedures (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555872 If continuation sheet Page 1 of 3

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	(P&P), titled Transfer or Discharge Notice, Revised March 2021, indicated, Policy Statement: Residents and/or representatives are notified in writing, and in a language and format they understand, at least thirty (30) days prior to a transfer or discharge. Policy Interpretation and Implementation.3) . the resident and his or her representative are given a thirty (30)-day advance written notice of an impending transfer or discharge from this facility.Title 42 of the Code of Federal regulations S483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged .		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to ensure ongoing psychosocial monitoring was provided to Resident 1 after the resident reported a sexual abuse allegation (psychosocial monitoring is the ongoing process of tracking a resident's mental, emotional, and social well-being). This failure had the potential to delay the identification of changes in the resident's emotional or psychosocial well-being. Review of Resident 1's Face sheet (information containing contact details, brief medical history at-a-glance), indicated the resident was admitted to the facility on [DATE] with diagnoses that included depression (persistent feeling of sadness). Review of the nurse progress notes dated 6/24/26 at 5:37 p.m., indicated Resident 1 reported that she was touched inappropriately by a male Certified Nursing Assistant (CNA). Resident 1 did not provide additional details regarding the allegation. Review of Resident 1's Minimum Data Sheet (MDS, an assessment tool), dated 5/30/26, indicated that Resident 1's brief interview for mental status or BIMS score was 15 (a score of 15 means the resident was cognitively intact). During an interview on 7/22/2026 at 2:50 p.m., with the Interim Social Services Director (ISSD), the ISSD stated that after a resident reports an allegation of abuse, the resident is monitored by the social worker for psychosocial distress for at least 72 hours (psychosocial distress means deep mental and emotional suffering, mainly showing up as ongoing sadness, severe worry, or a feeling of hopelessness). Review of Resident 1's Interdisciplinary notes (IDT, a group of individuals representing different departments of the facility) dated 6/25/26 (one day after the alleged abuse incident was reported by Resident 1), indicated an intervention documented by the previous Social Service Director (SSD) of, SSD to continue to follow up with Resident 1 to provide emotional support. On further review, no documentation was found that the SSD revisited Resident 1 again after 6/25/26. During an interview on 7/23/26 at 2:56 p.m., the Director of Nursing (DON), the DON stated following an allegation of abuse, a resident should have a psychosocial monitoring for at least three days. During a review of the facility's Policy and Procedures (P&P) titled Social Services revised September 2021, indicated, The facility provides medically related social services to assure each resident can attain or maintain their highest practicable physical, mental, and psychosocial well-being .		