

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555195	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/17/2024
NAME OF PROVIDER OR SUPPLIER  Del Rosa Villa		STREET ADDRESS, CITY, STATE, ZIP CODE  2018 N Del Rosa Ave. San Bernardino, CA 92404	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on interview, and record review, the facility failed to ensure that the facility ' s policy regarding falls was implemented, when one of the four sampled residents (Resident 1) experienced a change of cognition or level of consciousness was not promptly reported to the physician following an unwitnessed fall.</p> <p>This failure potentially led to a deterioration in Resident ' s 1 condition necessitating his transfer to a general acute hospital for evaluation and treatment.</p> <p>Findings:</p> <p>During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted on [DATE], with a diagnosis that included unsteadiness on feet, and unspecified dementia (a condition characterized by memory loss and judgement).</p> <p>During an interview on 9/4/2024, at 4:10 p.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated, Resident 1 fell in his room. Additionally, neurological checks (an assessment of resident ' s nervous system that assesses the residents mental status, level of consciousness, pupillary response [a process that regulates the size of the pupil in the eye, this reflex can be tested as part of a neurological exam and can indicate structural abnormalities, the pupil of the eye dilates in response to stressors], motor strength [strength of muscles], sensation [a physical feeling or perception resulting from something that happens to or comes into contact with the body], and gait [pattern of walking or running].) were promptly initiated, and the physician was promptly notified, leading to an X-ray (to generate images of tissues and structures inside the body to detect problems) being ordered. Neurological checks were conducted at 15-minute intervals, then to 30-minute intervals, and then hourly.</p> <p>During a concurrent record review and interview on 9/4/2024, at 4:42 p.m., with LVN 1, regarding the documentation of a neurological check, dated 8/21/2024 through 8/22/2024, specifically the level of consciousness section. The document revealed that Resident 1 ' s level of consciousness deteriorated from a score of three at 4:00 PM, indicating that Resident 1 was very drowsy but responsive to touch stimuli, to a level four at 8:45 PM, indicating that Resident 1 responded only to painful stimuli. When LVN 1 was asked if she had alerted the supervisor or notified the doctor to obtain an order to transfer Resident 1 to the hospital for further evaluation, LVN 1 stated she did not inform the primary physician regarding the deterioration.</p> <p>(continued on next page)</p>

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident ' s 1 Progress Notes dated August 22, 2024, the progress notes indicated, Resident 1 was discovered to be unresponsive during routine checks and was transferred to an acute general hospital at 2:40 AM, on August 22, 2024.</p> <p>During a telephone interview on 9/16/2024, at 1:02 p.m., with ADON 1. I inquired whether the nurse should have communicated changes in Resident ' s 1 level of consciousness to the doctor, as there was no documentation indicating such notification. ADON 1 indicated that the doctor should have been notified, and also confirmed that the doctor was not informed at that time.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Falls - Clinical Protocol, dated March 2018, the P&amp;P indicated The nurse shall assess and document/report the following: .D. Change in cognition or level of consciousness .</p>		