

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 09/26/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35183</p> <p>Based on interview and record review, the facility failed to protect against verbal abuse for one of three sampled residents (Resident 1) when a Physical Therapy Assistant (PTA 1) yelled Get the f**k up! at Resident 1 when Resident 1 was uncooperative during a transfer.</p> <p>This failure caused Resident 1 to suffer fear, confusion and anxiety.</p> <p>Findings:</p> <p>An unannounced visit was made to the facility on [DATE], at 9:54 AM, to investigate a facility reported incident regarding an allegation of verbal abuse.</p> <p>A review of Resident 1 ' s face sheet (a document that gives a summary of resident ' s information), undated, indicated an admitted [DATE]. Resident 1 had diagnoses that included stroke and left sided paralysis (complete or partial loss of muscle function).</p> <p>During an interview with a Certified Nursing Assistant (CNA 1) on September 24, 2024, at 12:02 PM, CNA 1 stated she was walking down the hall and saw Resident 1 on the floor next to her bed. CNA 1 stated she entered the room to assist Resident 1 to her bed and a Physical Therapy Assistant (PTA 1) walked by the door and asked if she needed assistance. CNA 1 stated she told him Yes. CNA 1 stated PTA 1 entered the room, checked if Resident 1 had any injuries and then told Resident 1 to get to her knees. CNA 1 stated Resident 1 did not respond to the request and PTA 1 got frustrated and yelled at Resident 1 Get the f**k up!</p> <p>Resident 1 did not respond to the command or expletive and continued to lay on the floor. CNA 1 stated after PTA 1 yelled the command and expletive PTA 1 back away from Resident 1 and CNA 2 and CNA 3 came into the room and PTA 1 left the room. CNA 1 stated she held the wheelchair for safety while CNA 2 and CNA 3 transferred Resident 1 back to her bed. CNA 1 stated a Licensed Vocational Nurse (LVN 1) was in the doorway doing medication pass and witnessed what had happened. CNA 1 stated LVN 1 told her Resident 1 ' s roommate ' s (Resident 3) husband had heard what PTA 1 had yelled.</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
---	-------	-----------

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 09/26/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with a Certified Nursing Assistant (CNA 2) on September 24, 2024, at 12:20 PM, CNA 2 stated she was walking by the door and saw PTA 1 trying to lift Resident 1 by himself, so she went in the room to assist. CNA 2 stated PTA 1 was saying Get on your knees! and Resident 1 was not understanding because she was a very confused resident. CNA 2 stated PTA 1 got frustrated and loudly said Get the f**k up!</p> <p>LVN 1 was unavailable for interview.</p> <p>CNA 3 was unavailable for interview.</p> <p>PTA 1 was unavailable for interview.</p> <p>During an interview with the Director of Nursing (DON) on September 24, 2024, at 1:05 PM, the DON stated she interviewed all four witness LVN 1, CNA 1, CNA 2 and CNA 3 and they all stated PTA 1 had yelled Get the f**k up! at Resident 1. The DON stated her investigation concluded PTA 1 used profanity directed at Resident 1. The DON stated Resident 1 had the right to be free from verbal abuse and it was the responsibility of the facility to protect Resident 1 from abuse.</p> <p>A review of the facility ' s policy and procedure titled, Residents ' Rights, dated December 2016, indicated, Policy Statement: Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: . b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property, and exploitation; .</p>		