

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 02/27/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44262</p> <p>Based on interview and record review the facility failed to follow its Change of Condition (COC) and Documentation Policies for 1 of 3 sampled residents (Resident 1) when:</p> <ol style="list-style-type: none"> 1. Resident 1 had a (COC), and responsible party was not notified, left as unreachable. 2. No documentation of when responsible party was notified of COC. <p>This failure placed a clinically compromised Resident (Resident 1) health and safety at risk by causing a delay in notification and family involvement.</p> <p>Findings:</p> <p>During review of Residents 1 ' s Admission Record (general demographics), the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses to include: rhabdomyolysis (breakdown of muscle tissue damaging protein released into the blood), Cirrhosis (liver disease causing liver failure) , hepatic encephalopathy (liver, buildup of toxins in blood), type 2 diabetes mellitus (body does not make enough insulin or does not use insulin well), Hepatitis C (infection caused by virus affecting the liver).</p> <p>During a review concurrent interview and record review of Resident 1 ' s Medical Record with the Director of Nursing (DON) reviewed are as follows:</p> <ol style="list-style-type: none"> 1. Change of Condition (COC)Note dated February 07, 2025, Altered Level of Consciousness (ALOC), Confusion: Resident noted to be having more confusion than normal. Resident noted to be talking gibberish. Vital Signs were taken, noted to be as follow, Blood pressure 145/85, Heart Rate 83, Respirations 18, Temperature 97.9, Oxygen 92% room air. MD made aware. Received orders .Orders noted and carried out. doctor notified February 07, 2025, at 7:00PM .Responsible Part [name] called February 07, 2025, at 10:00PM (unreachable). 2. No Progress Note provided by facility of follow up call or notification to Responsible Party of COC from February 07, 2025. <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 02/27/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on February 27, 2025, with the License Vocation Nurse (LVN), the LVN stated, The responsible party [name] did call Saturday February 08, 2025, I told her about Friday (COC) of resident being confusion, but this day Saturday he was back to his normal self, his normal self was him cussing at staff. CNA was checking on him in showers. She thanked me and to please encourage him to take him medications. When asked, did you document the notification of the COC? LVN states, no, I did not document the conversation, I got busy, I did tell her about the COC from Friday, I should have documented but I didn ' t.</p> <p>During an interview on February 27, 2025, with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON), ADON states, there was a COC February 07, 2025, the responsible party was called, but we were not able to get ahold of her, the nurse talked to her but did not document the notification of COC, I agree it should have been documented. DON states, there was a COC, we called the doctor, and he ordered labs and to increase lactulose (medication to reduce amount of ammonia is in the blood). We did call responsible party, but they were not able to get ahold of her, it says unreachable. There is no documentation of notification of the COC, the nurse did talk to her the following day. Facility has no documentation of the conversation. DON does agree there it should have been documented.</p> <p>During a review of the facility ' s policy and procedure titled, Change in a Resident ' s Condition or Status (COC),revised [February 2021], the policy and procedure indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident ' s medical/mental condition and or status.4.Unless otherwise instructed by the resident, a nurse will notify the resident ' s representative when: b. there is a significant change in the residents physical, mental or psychosocial status.</p> <p>During a review of the facility ' s policy and procedure titled, Charting and Documentation, revised [July 2017], the policy and procedure indicated, All services provided to the resident, progress towards the care plan goals, or any changes in the resident ' s medical, physical, functional or psychological condition, shall be documented in the resident ' s medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident ' s condition and response to care. 7.e. Notification of family, physician, or other staff, if indicated .</p>		