STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555195	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Del Rosa Villa	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555195	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Del Rosa Villa	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to protect against verbal abuse for one of three sampled residents (Resident 1) when a Certified Nursing Assistant 1 (CNA 1) called Resident 1 a B**ch! when Resident 1 was voicing criticism of CNA 1's perineal care (the cleaning and maintenance of the perineum, the area between the anus and the genitals) indicating rough handling with pain.This failure caused Resident 1 to suffer pain, fear, and anxiety.Findings:An unannounced visit was made to the facility on August 13, 2025, at 11:18 AM, to investigate a facility reported incident regarding an allegation of verbal abuse.A review of Resident 1's face sheet (a document that gives a summary of resident's information), undated, indicated an admission date of July 6, 2025. Resident 1 had diagnoses that included stroke and left sided paralysis (complete or partial loss of muscle function). Resident 1 was discharged home on August 6, 2025.A review of Resident 1's victim statement dated August 2, 2025, indicated, . [Resident 1] expressed that [CNA 1] was changing her with another [CNA 2]. During the cares she expressed being hurt by the turning, [CNA 1] was not acknowledging the concerns. [CNA 2] addressed them, and [CNA 1] responded with so [?] Cares were completed, [CNA 1] stayed behind conversing with [Resident 1] back forth. [Resident 1] stated that she was telling [CNA 1] she does not want her to do her cares anymore and then [CNA 1] responded with you are [a B**ch!] and then [Resident 1] proceeded to say I'm going to report you. [CNA 1] left immediately after. Resident 1 was unavailable for interview due to discharge on [DATE].A review of CNA 2's witness statement dated August 2, 2025, indicated, [CNA 2] reports he was asked to assist in changing [Resident 1] with another CNA [CNA 1]. [CNA 2] entered the room, and [CNA 1] was already there arranging linens and a brief for changing. They were changing [Resident 1] and she was saying she was experiencing some pain while moving during cares. [CNA 2] asked the other [CNA 1]to be more careful, [CNA 1] responded nonchalantly saying so[?] [CNA 2] expressed that [CNA 1] needs to be mindful [about] changing [Resident 1] and positions. Cares were completed and [Resident 1] stated she needed no more assistance, [CNA 2] was exiting the room. [CNA 1] was still [at] bedside conversing back and forth with [Resident 1] then [CNA 2] heard [CNA 1] say [B**ch!] towards [Resident 1] while [CNA 2] was leaving room.CNA 2 was unavailable for interview.A review of CNA 1's statement of events dated August 12, 2025, indicated, . [CNA 1] admitted to calling [Resident 1] a [B**ch!]CNA 1 was unavailable for interview.During an interview with the Director of Nursing (DON) on August 13, 2025, at 11:30 AM, the DON stated she interviewed CNA 1, CNA 2 and Resident 1 and they all confirmed CNA 1 had called Resident 1 a B**ch! The DON stated her investigation concluded CNA 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.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; .