

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 09/10/2025
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to conduct an assessment for one of four sampled residents (Resident 1) to evaluate her status and needs at the time of the proposed return from the hospital. This failure had the potential for the facility to miss important changes in Resident 1's current behavior or condition that could have informed an appropriate and individualized discharge decision. A review of Resident's 1 admission Record (a document containing clinical and demographic information data) indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis that included quadriplegia (severe medical condition characterized by the partial or total loss of function in all four limbs and the torso), Schizoaffective disorder (mood disorder symptoms such as depression and mania), and cannabis dependence (overpowering desire to use marijuana). During a review of Resident 1's history and physical (H&P- a resident assessment that includes medical past and current symptoms), dated August 21, 2024, indicated Resident 1 had the capacity to make decisions. During a concurrent observation and interview on August 12, 2025, at 7:29 AM, Resident 1 was not present at the facility. License Vocational Nurse (LVN 1) stated Resident 1 was no longer a resident in the facility. During a review of Resident 1's Order Summary (list of doctor's orders), dated August 8, 2025, the Order Summary indicated, Resident may sent [send] to acute for evaluation d/t [due to] behavior (danger to other). During a review of the hospital document titled, ED [emergency department] Physician notes, dated August 8, 2025, indicated Resident 1 arrived at the emergency room by ambulance, and was examined by the provider on August 8, 2025, at 6:26 PM. During a telephone interview on August 11, 2025, at 4:04 PM, with the hospital Social Worker (SW), the SW stated, Attempts were made to return the resident [Resident 1] to her previous facility after evaluation by a psychiatrist and cleared for discharge. However, the facility declined to accept the resident [Resident 1] back due to her [Resident 1's] history of attempting to harm others. During a review of Resident 1's hospital Discharge Planning Progress Note, dated August 12, 2025, at 2:10 PM, the note indicated, .Pt [Resident 1] from [name of the facility] and they decline to accept her back due to behavior. Pt [Resident 1] has been there custodial [non-medical assistance provided to individuals who require help with daily living activities] for 10 years. During a review of Resident 1's hospital discharge order, titled Ordering Information, dated August 13, 2025, at 9:13 AM, the order indicated, When: Now; Disposition: Skilled Nursing Facility; Special Instruction: Custodial. During a telephone interview on August 12, 2025, at 9: 53 AM, with the facility's Director of Community Relations (Director), the Director was asked if there was any documentation to show Resident 1 was fully evaluated to determine is she is appropriate for transfer back to the facility? The director stated, There is no documentation since I did not evaluate the resident because the Director of Nursing (DON) and the Administrator informed me that she [Resident 1] was no longer considered appropriate for admission to the facility. During a concurrent interview and record review on August 12, 2025, at 11:25 AM, with the DON, the facility's policy and procedure (P&P) titled, Bed-Holds and Returns, dated October 2022 was reviewed. The P&P indicated, .Following a hospitalization, residents whom staff are concerned about permitting to return due to their clinical/behavioral condition at the time of transfer are evaluated based on their current condition, not their condition when originally transferred. During a subsequent interview and record review on August 12, 2025, at 11:27 AM, with the DON, the facility's P&P titled Transfer or Discharge Notices, dated March 2025, was reviewed. The P&P indicated, .If discharge is initiated by the facility after an emergency transfer to the hospital, the reason for discharge is based on the resident's status at the time the resident seeks return to the facility (not at the time the resident was transferred to acute care) . When the DON was asked if the facility's P&Ps were followed, the DON did not provide a direct answer.</p>		