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	06/24/2026

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Based on interview and record review, the facility failed to maintain an effective training program for One of three sampled Certified Nursing Assistants (CNA 3), when the facility was unable to provide documented evidence to show CNA 3 completed the required Continued Education Units (CEUs -mandatory ongoing training hours required to maintain and renew an active certification). This failure limited the facility's ability to ensure staff met the mandatory training requirements and had the potential to result in staff not receiving essential education needed to provide safe and competent resident care.During an interview on May 15, 2026, at 10:14 AM, with CNA 3, CNA 3 stated she had completed the 48 hours of CEU required for renewal license but the Director of Staff Development (DSD) can't [cannot] find the in-services [training provided to employees while on the job].During a concurrent interview and record review on May 15, 2026, at 10:49 AM, with the Director of Nursing (DON), the DON reviewed CNA 3's training records, dated from January 2024, through December 2024. DON stated she was not able to verify some of the training records for 2024 because either CNA 3 never signed, or never attended the training, we don't [do not] have proof that CNA 3 did it, whomever gave the in service didn't [did not] write a topic on that, or CNA 3 didn't fill it out properly. The DON stated that the current Director of Staff Development (DSD) can only verify what she has.During an interview on June 3, 2026, at 2:58 PM, with the DSD, the DSD stated the facility is responsible for maintaining the training records.During a follow-up interview on June 4, 2026, at 12:20 PM, with the DSD, the DSD stated in the email that the facility does not have a specific policy on maintaining in-service trainings and the DSD was unable to provide one.During a review of the facility's document titled, Job Description: Director of Staff Development (JD), (undated), the JD indicated under subheading Essential Duties one of the DSD duties to be Maintain records of In-Services as required by regulations.

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