

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555910	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Trellis Chino		STREET ADDRESS, CITY, STATE, ZIP CODE 5454 Walnut Ave Chino, CA 91710	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that one of the three licensed vocational nurses (LVN 1) held a valid and current license to practice when LVN 1 worked with an expired license from [DATE], through [DATE]. This failure had the potential to place 59 highly vulnerable residents at risk due to LVN 1's non-compliance with the legal requirement to practice nursing. Findings: During a telephone interview with LVN 1, on February 12, 2026, at 12:08 PM, LVN 1 stated I had been under the impression that I was working with an active license but was unaware that it had expired. LVN 1 stated her license expired on [DATE], and was only renewed on [DATE]. (22 days have passed since its expiration.) During a review of a letter from the Board of Vocational Nursing and Psychiatric Technicians regarding LVN 1, dated [DATE], it indicated LVN 1 was issued her license as a vocational nurse on [DATE]. Further review indicated .On [DATE], the license went delinquent (inactive) due to failure to renew. On [DATE], the license was renewed and is currently active with an expiration date of [DATE]. During a review of facility's Nursing Staff Assignment and Sign-in Sheet from [DATE], to [DATE], it indicated LVN 1 worked a total of 14 shifts while her license was expired. During a concurrent telephone interview and record review on February 17, 2026, at 3:23 PM, with the Director of Nursing (DON), the DON reviewed a facility provided document titled Job Description: LPN LVN, dated [DATE], which indicated, .Must possess a current, unencumbered, active license to practice as an LPN/LVN in this state. and stated it was not followed.</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
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