STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055491	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oak Ridge Healthcare Center	310 Oak Ridge Drive Roseville, CA 95661

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to ensure the needs of one of four sampled residents (Resident 1) were accommodated when the call light was not within reach.This failure had the potential for Resident 1 to experience delayed assistance. Findings:A review of Resident 1's admission record indicated Resident 1 was admitted on 10/25 with diagnoses which included fall, broken left thighbone with routine healing, difficulty in walking, and communication deficit, with a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderate cognitive impairment.A review of Resident 1's Minimum Data Set (MDS - a federally mandated assessment tool), dated 10/18/25, indicated Resident 1 had Brief Interview for Mental Status (BIMS) score of 11 which indicated moderate cognitive impairment.A review of Resident 1's Care Plan Report dated 10/18/25 regarding risk for fall indicated, Ensure call light is within reach when in room.During an observation in Resident 1's room on 1/22/26 at 10:33 a.m., Resident 1 stated, I need help. The call light is on the bed. The call light was positioned on the left side of the bed while Resident 1 was on the bedside commode near the right side of the bed.During an interview with the Certified Nursing Assistant (CNA)1 on 1/22/26 at 10:37 a.m., the CNA confirmed the call light was out of the resident's reach and stated the call light should always be within reach.During an interview with Resident 1 on 1/22/26 at 10:58 a.m., Resident 1 stated, The call light should be within my reach. If not, it will take a while for somebody to help me. I will cry my lungs out until somebody can help me.During an interview with Licensed Nurse (LN) 1 on 1/22/26 at 11:38 a.m., LN 1 stated, The call light should be within his [Resident 1] reach. The outcome would be he [Resident 1] would wait longer.During a follow-up interview with CNA 1 on 1/22/26 at 1:06 p.m., CNA 1 stated, I transferred him [Resident 1] to the bedside commode. [Resident 1] should be able to press the call light when he [Resident 1] finished using the commode.During an interview with the Director of Nursing (DON) on 1/22/26 at 1:46 p.m., the DON stated residents should be able to reach their call lights 24/7 and if not it would be impossible for the residents to ask for help. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, the P&P indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. It further indicated: Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility, and from the floor.

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