

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055886	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Roseville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1161 Cirby Way 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)
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29825</p> <p>Based on interview and record review, the facility failed to ensure one out of three sampled residents (Resident 3) in a census of 179 was seen by their physician as required.</p> <p>This failure had the potential for a delay in services and treatment of the resident.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 3 was admitted to the facility in the winter of 2013 with diagnoses including dementia (a degenerative disorder that affects the mind, memory and behavior), epilepsy (a disorder that causes seizures), depression, cerebellar ataxia (a disorder that causes inability to control muscle movement, which can cause problems with balance and walking) anxiety, hydrocephalus (a buildup of fluids in the brain), and history of falls.</p> <p>During a review of Resident 3 ' s BRIEF INTERVIEW FOR MENTAL STATUS [BIMS] ., dated 8/1/24, the BIMS indicated she had moderate memory loss.</p> <p>During a concurrent interview and record review on 8/16/24 at 8:48 a.m. with the Licensed Vocational Nurse (LVN), the LVN was unable to locate Resident 3 ' s physician progress notes (PPN) for 1/24 and 3/24 in the facility electronic health record ([NAME]) and stated, The facility does not keep paper PPN, only electronic.</p> <p>During an interview on 8/16/24 at 9:41 a.m. with Physician Assistant (PA), the PA said, Every other month the doctor is supposed to see long-term residents .</p> <p>PPN were requested from 11/23 through 5/24. The months of 1/24 and 3/24 were missing.</p> <p>During an interview on 8/16/24 between 12:48 p.m. and 1:21 p.m. with Medical Records (MR), MR verified There was no note [in PCC] in January and March of 2024 from [name of physician]. MR verified with the PA that the Medical Doctor (MD) did not have PPN in the provider EHR system for January or March of 2024.</p> <p>During an interview on 8/16/24 at 1:28 p.m. with the Director of Nurses (DON), the DON was asked her expectations for physician visits and indicated visits should happen per policy and procedure.</p> <p>(continued on next page)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility ' s policy and procedure (P&P) titled, Physician Visits, dated 4/13, indicated, The Attending Physician must visit his/her patients at least once every thirty (30) days for the first ninety (90) days following the resident ' s admission, and then at least every sixty (60) days thereafter.		