

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  02/05/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to follow their policy and procedure for reporting an allegation of abuse for one of four sampled residents (Resident 1) when Resident 1 reported to nursing staff that she was injured by facility staff during patient care. This failure had placed Resident 1 and other residents in the facility at risk for potential physical abuse and/or psychosocial harm. Resident 1 was admitted to the facility October 2025 with multiple diagnoses which included muscle weakness and abnormalities of gait (manner of walking and limb movement) and mobility. A review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 11/5/25, indicated Resident 1 had moderate memory impairment. During an interview on 2/5/26, at 1:28 p.m., with Licensed Nurse (LN) 1, LN 1 confirmed Resident 1 had informed him that Resident 1 had gotten injured while receiving care by facility staff and that Resident 1 had felt unsafe. LN 1 stated he had not reported the allegation to facility management. During an interview on 2/5/26, at 2:52 p.m., with the Director of Staff Development (DSD), the DSD stated that her expectation from staff is that if they see a new injury they need to report immediately to the nurse. The DSD further stated that if a resident reports they got injured during care with another staff member the CNA is to report as potential abuse. During an interview on 2/5/26, at 3:10 p.m., with the Director of Nursing (DON), the DON stated the expectations were for staff to report to management any injury of unknown source or allegation of abuse. DON further stated if injuries or allegations of abuse were not reported, residents could potentially experience further abuse and be injured. During a review of Resident 1's Progress Note (PN), dated 11/5/25, the PN indicated, .patient [Resident 1] reported recent trauma to bilateral [both sides] legs/feet from dangling off of bed. Noted with large area of bruising to left lower leg. with 0.2cm [centimeter, unit of measurement] linear [straight] break in skin to lateral [side] aspect of L [left] lower leg. Patients preferences (using multiple staff members, gently moving legs) . During a review of Resident 1's hospital record titled, Inpatient Wound Care CAPI, date of service 11/6/25, indicated, Pt [patient] reports she was rolled by a CNA [Certified Nursing Assistant] at SNF [skilled nursing facility] and nearly fell OOB [out of bed] sustaining injuries to her left leg and right foot. Plantar [sole of foot] surface of L foot with circular red/maroon discoloration of unknown etiology [cause] possibly related to trauma. During a review of Resident 1's care plan initiated on 11/6/25, indicated, Resident has impaired skin integrity as evidenced by skin tear. related to trauma and is at risk for infection. During a review of the facility's policy and procedure (P&amp;P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised 9/22, the P&amp;P indicated, All reports of resident abuse (including injuries of unknown origin) .are reported to local, state and federal agencies and thoroughly investigated by facility management. if resident abuse. injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. within two hours of an allegation involving abuse or result in serious bodily injury; or. within 24 hours of an allegation that does not</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055886
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