

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 03/03/2026
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)		
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect the resident's right to be free from abuse for one of four sampled residents (Resident 4) when facility staff witnessed Resident 1 hit Resident 4. This failure resulted in Resident 4 to verbalize sadness and not be free from abuse and potential harm.Findings:During a review of Resident 1's clinical record, Resident 1 was admitted [DATE] with diagnosis that included dementia unspecified severity with agitation (a progressive state of decline in mental abilities), and anxiety (an intense, excessive, and persistent feeling of fear, dread, or uneasiness).During a review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 11/28/25, Resident 1 had a Brief Interview for Mental Status (BIMS- a tool to assess cognition) score of 10 out of 15 which indicated Resident 1 had moderately impaired cognition.During a review of Resident 4's clinical record, Resident 4 was admitted [DATE] with diagnosis that included bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), anxiety, major depressive disorder (a serious mental health condition characterized by persistent sadness, loss of interest in activities, and low energy), and parkinsonism (an umbrella term that refers to brain conditions that cause slowed movements, rigidity (stiffness) and tremors).During a concurrent review of Resident 1 and Resident 4's progress notes, dated 2/22/26, the progress notes indicated Resident 1 and 4 had been involved in an altercation (an argument or disagreement). Facility staff witnessed Resident 1 hit Resident 4 in the face.During a review of Resident 4's progress note dated, 2/22/26, the progress note indicated Resident 4 verbalized sadness and angry for the situation, and appears tearful.During a review of Resident 1's care plan revised 6/21/25, the care plan indicated psychosocial- Behavior: Exhibits or is at risk for behavioral symptoms (i.e., striking out, grabbing others, combative, verbally, or physically abusive to Staff and patients. The goal indicated, .demonstrate adequate control of emotions which will not result in injury toself or others.During an interview on 3/3/26 at 12:15 p.m. with the Director of Nursing (DON), the DON stated that the expectation is to keep residents safe. Abuse can perpetuate and a resident can be hurt more. The goal is to have no abuse in the facility.During a review of the facility's Policy and Procedure (P&P) titled, Resident Rights revised February 2021, the P&P indicated, .Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include. be free from abuse.		

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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