

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056139	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Roseville Point Health & Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Sunrise Avenue 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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>34980</p> <p>Based on interview, record review, and facility policy review, the facility failed to follow their own policy and procedure for prevention of further abuse, when the facility allowed Certified Nursing Assistant 1 (CNA1) to continue to provide resident care after the Respiratory Therapist (RT) allegedly witnessed CNA1 tie Resident 1's hand to the side of the bed.</p> <p>This failure could have potentially resulted in physical and/or psychological harm to other residents of the facility, for a census of 87.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2024 with diagnoses that included, chronic respiratory failure and heart failure.</p> <p>Review of the facility's policy titled, Reporting Abuse revised January 8, 2014 indicated, Upon an allegation of abuse by a Facility Staff member, the Facility Staff member will be suspended and removed from the premises.</p> <p>In a written statement by the RT on 5/5/24 at 3 a.m., the RT indicated she saw CNA1 using a sheet to tie Resident 1's hand to the bed. Resident 1 had a laceration on her nose and a swollen lip.</p> <p>During an interview with the Director of Nursing (DON) on 5/6/24 at 12 p.m., the DON stated on 5/5/24 at approximately 3 a.m., the alleged abuse witnessed by the RT had not been reported to the nurse until the end of night shift at approximately 6 a.m. The DON further stated, CNA1 should have been suspended and sent home at the time it occurred and not allowed to work an additional three hours with other residents.</p> <p>During an interview with CNA 1 on 5/6/24 at 1 p.m., CNA 1 stated he completed his full shift and had not been suspended until approximately four hours after the shift had ended.</p> <p>During an interview with the DON on 5/8/24 at 11 a.m., the DON stated, If abuse is suspected or reported the employee should be removed from res [resident] care and suspended right away. The DON further stated, [CNA 1] should have been sent home when the situation first occurred, not three hours later.</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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