STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056139	A. Building B. Wing	05/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roseville Point Health & Wellness Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 45718 Based on interview and record review, the facility failed to provide services according to professional standards of practice for 3 of 6 sampled residents (Resident 1, Resident 2 and Resident 3) when permethrin cream (medication used to treat scabies, a condition caused by tiny insects called mites that infest and irritate the skin) was not accurately documented in their Medication Administration Record (MAR). These failures had the potential for the 3 Residents to not receive proper treatment and/or prophylactic treatment for scabies. Findings: A review of Resident 1's clinical record indicated he was readmitted to the facility fall of 2023 with multiple diagnoses that included Scabies. Resident 1's laboratory record indicated he tested positive for scabies on 4/29/24. His physician note dated 4/30/24 indicated, .Patient scabies test is positive, and he is currently treated for scabies .10. Scabies .treated with premethrin [sic] 5% . A review of Resident 2's clinical record indicated he was readmitted to the facility spring of 2024 with multiple diagnoses that included pneumonia, unspecified organism. His progress notes dated 4/30/24 indicated, Patient rooming with confirmed scabies patient .Patient was treated prophylactically with permethrin 5% cream . A review of Resident 3's clinical record indicated he was admitted to the facility spring of 2024 with multiple diagnoses that included pneumonia, unspecified organism. His progress notes dated 4/30/24 indicated, Patient rooming with confirmed scabies patient .Patient was treated prophylactically with permethrin 5% cream . There was no documented evidence in Resident 1, Resident 2, and Resident 3's clinical records that permethrin was given. Resident 1's permethrin order was not signed as given in the MAR and Resident 2 and Resident 3 did not have orders for permethrin in the electronic record and MAR. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 5/16/24 at 1:36 p.m., the Infection Preventionist Nurse (IP) stated, Resident 1 tested positive for scabies on 4/29/24, and he was treated with permethrin cream as ordered by the physician. His two roommates were also treated with permethrin cream as a prophylactic treatment on 4/30/24. The IP verified Resident 1's MAR order for permethrin was not signed as given. She also verified there were no orders for permethrin in Resident 2 and Resident 3's electronic records as well as their MAR. The IP stated she was with the nurses when they administered the permethrin cream for all three residents and did not know why it was not in the MAR. During a concurrent interview and record review on 5/16/24 at 2:05 p.m., the Director of Nursing (DON) verified there was no electronic order for permethrin cream in the 3 resident's electronic records including the MAR. She stated, she expected the staff to make sure there was a doctor's order before requesting from the pharmacy. She further stated, medication orders should be in the electronic record and the MARs should be signed immediately after the medications were administered otherwise you would not know if the medication was administered or not. A review of the facility's policy titled, Medication - Administration revised, 1/1/12, indicated, .A. Medication and biological orders will be received by a Licensed Nurse prior to administration .E. The Licensed Nurse will chart the drug, time administered and initial his/her name with each medication administration and sign full name and title on each page of the Medication Administration Record (MAR) . A review of the 'Nursing Practice Act Rules and Regulations' issued by the Board of Registered Nursing, indicated, Article 2. Scope of Regulations 2725(b). The practice of nursing within the meaning of this chapter means .(2) Direct and indirect patient care services, including but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician .as defined by Section 1316.5 of the Health and Safety Code. (State of California Department of Consumer Affairs).