

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  05/21/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 17069</p> <p>Based on interviews, clinical record review, and facility document review, the facility failed to follow their policy and procedure to prevent abuse for one of three sampled residents (Resident 1) when Resident 1 was closed in her room by Licensed Nurse 1 (LN 1).</p> <p>This failure resulted in Resident 1 to be isolated and had the potential for further abuse or injury while closed up in her room.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills), hypertension (high blood pressure), and unspecified dementia.</p> <p>During a review of Resident 1's Admission Minimum Data Set (MDS-an assessment tool), dated 4/22/24, described her as usually able to make herself understood and usually able to understand others. Resident 1's mental status (BIMS-a brief screening that aids in detecting cognitive impairment) score was 10 which indicated she was moderately impaired. The MDS described Resident 1 as having no signs or symptoms of delirium or behavioral symptoms but as having wandering symptoms. The MDS also described Resident 1 as needing supervision or touching assistance with dressing, personal hygiene.</p> <p>During a review of the facility's 5 Day Summary, indicated, Upon further investigation and interview with staff members, it was noted that 2 CNAs (Certified Nursing Assistants) stated that [LN 1] would close the door and curtains telling them she wants to know these residents' whereabouts .according to report given by CNA that nurse had closed the doors and isolated the residents .Nurse will be terminated for isolating residents .</p> <p>During a review of LN 1's Notice to Employee as to Change in Relationship, dated 5/14/24, indicated LN 1 was discharged from employment on 5/14/24 due to violating facility policy by isolating residents.</p> <p>During a telephone interview on 5/22/23 at 3:26 p.m. with CNA 1, CNA 1 stated on 5/2/24, during pm shift, LN 1 closed the door to room [ROOM NUMBER], to keep Resident 1 from wandering. She wanted to be able to monitor Resident 1's whereabouts and it was bedtime. Per CNA 1, Resident 1 had a history of wandering around the facility.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/24 at 10:48 a.m., with Resident 1, she was asked if her door was closed would she leave the room, Resident 1 indicated she would not.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Abuse-Prevention, Screening &amp; Training Program, revised 1/8/14, indicated, The facility will ensure that the resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. Involuntary seclusion or unreasonable confinement and isolation are defined as separation from other residents or from their room, or confinement to their room against their will, or the will of the resident's representative.</p>		