

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  07/18/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>36624</p> <p>Based on interview and record review, the facility failed to implement a care plan for one resident (Resident 1) of two sampled residents when Resident 1's preference for personal care needs was not provided by a female staff member.</p> <p>This failure resulted in Resident 1 not getting person-centered care and feeling uncomfortable during perineal care.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 1 had diagnoses which included major depressive disorder and lymphedema (swelling caused by a buildup of lymph fluid in the body between the skin and muscle).</p> <p>During a record review of Resident 1 Physician's Order (PO), dated 10/29/23, the PO indicated, Resident 1 was capable of making healthcare decisions.</p> <p>During a record review of Resident 1's care plan (CP), initiated on 2/13/23, the CP indicated, Resident prefers Female CNAs [Certified Nursing Assistants] for all personal care needs [example] changing and showers.</p> <p>During an interview with Resident 1 on 7/18/24 at 1:08 p.m., Resident 1 stated she preferred a female CNA to change her. Resident 1 stated she felt uncomfortable after finding out she was going to be changed by a male CNA. Resident 1 stated she had been in the facility for over a year now and staff should have been aware of her preference for a female CNA to attend to her perineal care.</p> <p>During an interview with Certified Nurse Assistant on 7/18/24 at 1:58 p.m., the CNA stated he had not been made aware Resident 1 preferred a female CNA to attend to her perineal care.</p> <p>During an interview with the Assistant Director of Nursing (ADON), on 7/18/24 at 3:10 p.m., the ADON stated resident preferences indicated in the care plan should be honored.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P&amp;P) titled, COMPREHENSIVE PERSON CENTERED CARE PLANNING, revised 2018, indicated, It is the policy of this facility to provide persone-centered .for meeting health, safety, psychosocial, behavioral and environmental needs of the resident in order to maintain the highest physical, mental, and psychosocial well-being.</p>