

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  08/15/2024
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>34980</p> <p>Based on interview and record review, the facility failed to provide the requested medical records for 1 of 4 sampled residents (Resident 1) within two working days as required per the facility's policy.</p> <p>This failure resulted in the delay of the release of Resident 1's medical records.</p> <p>Findings:</p> <p>A review of the Nursing Admission Record indicated, Resident 1 was admitted to the facility in 2023 with diagnoses that included respiratory failure.</p> <p>During an interview with the Director of Nursing (DON) on 8/15/24 at 9:52 a.m., the DON stated, The initial request for medical records was missed due to no designated medical records person at that time and was an oversight on our part. The DON further confirmed the policy had not been followed and stated, Our policy is to send medical records within two working days upon request.</p> <p>During an interview with Medical Records (MR) on 8/15/24 at 10:47 a.m., MR stated, At the time the initial request for medical records was made there was no fulltime medical records person assigned, which is possibly the reason the request was missed. MR further stated, The initial request for medical records was not found until 8/13/24, and was not sent until 8/15/24. MR verified the initial request for Resident 1's medical records was received by the facility on 7/31/24, and should have been sent out on or before 8/2/24.</p> <p>During a concurrent follow up interview and record review with the DON on 8/15/24 at 12:07 p.m., the DON verified the request for Resident 1's medical records were received by the facility on 7/30/24 at 4:52 p.m., and the requesting party should have received the medical records on or before 8/2/24. The DON further verified as of 8/15/24, Resident 1's medical records had not been sent to the requesting party.</p> <p>A review of the facility's policy titled Resident Access to PHI revised 11/1/15 indicated, If the resident and/or their personal representative requests a copy of the resident ' s medical record, the HIPAA Privacy Officer will provide the resident and/or their personal representative with a copy of the medical record within two (2) working days after receiving the written request .</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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