

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 09/17/2024
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>34980</p> <p>Based on interview and record review, the facility failed to ensure care conferences were conducted quarterly (every 3 months) for one of three sampled residents (Resident 1).</p> <p>This failure resulted in violating the rights of Resident 1 to participate in choosing treatment options and making decisions regarding their plan of care.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2022 with diagnoses that included quadriplegia (the inability to move arms or legs).</p> <p>A review of Resident 1's Minimum Data Set (MDS - an assessment tool used to guide care), dated 7/27/24, indicated Resident 1 had a Brief Interview for Mental Status score of 15 out of 15 which indicated Resident 1 had full understanding and capacity to make decisions.</p> <p>During a concurrent interview and record review with the Administrator (ADM) on 9/16/24 at 10:03 a.m., the ADM confirmed Resident 1 has had no care conference since October 2023. The ADM stated, Resident 1 should have had a care conference in the months of January and March. The ADM further stated, It is my expectation that residents receive a care conference quarterly.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON) on 9/16/24 at 10:22 a.m., the DON confirmed and stated, Resident 1 had a total of two missed care conferences for the months of January and March of 2024. The DON further stated, All resident care conferences should be done quarterly.</p> <p>During an interview with Resident 1 on 9/16/24 at 11:17 a.m., Resident 1 stated prior to June of 2024, the last care conference was in October of 2023. Resident 1 further stated, They are not keeping me, or my wife, updated on what's going on with my situation.</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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