

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 12/24/2024
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>45770</p> <p>Based on interview and record review, the facility failed to ensure three of four sampled residents (Resident 1, Resident 4, and Resident 5) participated in their care planning, when care conferences for Resident 1, Resident 4, and Resident 5 were not conducted quarterly as scheduled.</p> <p>This failure decreased the facility ' s potential to enable residents to exercise their right to participate in care plan meetings.</p> <p>Findings:</p> <p>A review of an admission record, indicated Resident 1 was admitted to the facility in October 2022 with a diagnosis of quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, federally mandated resident assessment tool), indicated Resident 1 ' s Brief Interview of Mental Status (BIMS) score was 15 out of 15 with full understanding and capacity to make health care decisions.</p> <p>During an interview on 12/24/24 at 9:26 a.m. with Resident 1, Resident 1 stated his care conference that was scheduled for 12/18/24 did not take place as guaranteed by staff.</p> <p>During an interview on 12/24/24 at 1:10 p.m. with the Director of Nursing (DON), DON confirmed Resident 1 ' s care conference was scheduled on 12/18/24 as agreed in the last care meeting on 9/18/24. DON stated Resident 1 ' s care conference did not happen on 12/18/24 as scheduled quarterly.</p> <p>A review of Resident 4 ' s Admission Record, indicated Resident 4 was admitted to the facility in March 2024 with a diagnosis of quadriplegia.</p> <p>A review of Resident 4 ' s MDS, indicated Resident 4 ' s BIMS score was 15 out of 15 with no memory problem.</p> <p>A review of the facility ' s MDS assessment calendar for December 2024, indicated Resident 4 was scheduled for a care conference on 12/19/24.</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
---	-------	-----------

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 12/24/2024
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>During an interview on 12/24/24 at 11:30 a.m. with Resident 4, Resident 4 stated he did not have a care conference for the month of December and the Social Services Director (SSD) did not speak to him about scheduling a care conference. Resident 4 further stated staff were not consistent with care plan meetings.</p> <p>A review of an admission record indicated Resident 5 was admitted to the facility in March 2023 with a diagnosis of multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord).</p> <p>A review of Resident 5 ' s MDS indicated, Resident 5 had intact cognition to make own health care decision with no memory problem.</p> <p>A review of the facility ' s MDS assessment calendar for December 2024, indicated Resident 5 was arranged to have a care conference on 12/18/24.</p> <p>During an interview on 12/24/24 at 12:05 p.m. Resident 5 stated it has been a long time since she had a care conference and stated she did not attend a care conference in December 2024.</p> <p>During a concurrent interview and record review on 12/24/24 at 1:10 p.m. with the DON, the MDS assessment calendar and Inter</p> <p>Disciplinary Team (IDT) notes were reviewed. DON confirmed Resident 4 and Resident 5 were both scheduled to have a care conference this December according to the MDS assessment calendar. DON stated no IDT notes can be found for both residents that will tell a care conference was conducted and both Resident 4 and Resident 5 did not have a care conference for the month of December as per schedule. DON also stated care conferences should have been done as scheduled to make sure the residents were all updated and able to make choices about their care.</p> <p>A review of the facility ' s policy titled, Comprehensive Person-Centered Care Planning, revised in November 2018, stipulated, The facility must provide the resident and representative . notice of care planning conferences to enable resident and representative participation. The facility will notify the resident and his or her representative . to schedule care planning meetings . The care planning meeting will be documented on IDT conference record.</p> <p>A review of the facility ' s policy titled, Social Services Program, revised in December 2013, indicated, . The Director of Social Services will communicate with the resident and/or the resident ' s family members and invite them to participate in the resident ' s care planning meetings.</p>		