

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 02/27/2025
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50750</p> <p>Based on interview and record review, the facility failed to maintain privacy of communication for one of four sampled residents (Resident 1), when Resident 1 ' s mail was opened without consent by the Business Office Manager (BOM).</p> <p>This failure decreased the facility ' s potential to protect Resident 1 ' s communications privacy.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Face Sheet, indicated she was admitted to the facility on [DATE].</p> <p>During an interview on 2/25/25 at 11:32 a.m. with BOM, BOM stated in January 2025 she opened a letter with an envelope containing an electronic benefit transfer (EBT) card and the letter belonged to Resident 1. BOM further stated if mails, including EBT cards, addressed a resident, then staff, mainly the Activities Director, would deliver it directly to residents and would not be opened by BOM.</p> <p>During an interview on 2/25/25 at 1:25 p.m. with the Administrator (ADM), ADM stated the business office personnel should have not opened Resident 1 ' s mail without consent, because it would infringe on the resident ' s privacy rights.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Resident Rights-Mail, revised 1/1/2012, indicated, Residents are allowed to communicate privately with individuals of their choice and may send and receive personal mail unopened. The P&P further indicated, Mail is delivered to the resident unopened . Facility staff will not open mail for the resident unless the resident requests them to do so.</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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