

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 08/25/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation, interview, and record review the facility failed to maintain resident's right to privacy and confidentiality of personal and medical records for a census of 79 when documents with resident's personal information were found outside the facility unsecured. This failure had the potential for unauthorized access to residents' personal and medical information. Findings: During an observation on 8/25/25 at 9:22 a. m. by the facility's back patio, boxes of documents with resident's personal information were found on top of two carts unattended and unsecured. During a concurrent observation and interview on 8/25/25 at 11:25 a.m. with the Director of Nursing (DON), DON confirmed the documents laying outside by the back patio belonged to residents. DON stated the documents should have been secured, shredded, and properly disposed of to protect the residents' right to privacy. A review of the facility's policy titled, Resident's Rights-Quality of Life, revised in March 2017, indicated, The facility shall maintain an environment in which confidential clinical information is protected. A review of the facility's policy titled, Notice of Privacy Practices, revised in December 2012, indicated, The Facility has adopted a Notice of Privacy Practices. the use of Protected Health Information (PHI) at the Facility, and the resident's rights regarding PHI.</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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