

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  09/12/2025
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)
F 0602  Level of Harm - Actual harm  Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money.  (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0602  Level of Harm - Actual harm  Residents Affected - Few	<p>Based on observation, interview, and record review, the facility failed to protect one of five sampled residents (Resident 1) from misappropriation of property and exploitation by a staff member that took money from Resident 1's personal bank accounts without consent. This failure resulted in financial loss totaling to \$12,773 and emotional distress to Resident 1. Findings: During a review of Resident 1's admission records, the records indicated Resident 1 was admitted to the facility in February 2024 with diagnoses that included major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and problems related to housing and economic circumstances. Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) indicated Resident 1 had moderate cognitive impairment (noticeable memory problems). During a review of Resident 1's Theft/Loss Report, dated 9/9/25 and completed by Resident 1's cousin, the report indicated, Description of Missing Item(s): wallet w/ [with] ID [identification card], ATM card [automated teller machine card, a card that enables access to financial accounts through a bank machine]. Facility Action Taken to Find Missing Item: SS [Social Services] ask [Resident 1] where and when the last [sic] [Resident 1] saw her wallet. [Resident 1] mentioned the money. During a review of Resident 1's SBAR (situation, background, assessment, recommendation - a communication tool used by healthcare workers when there is a change of condition among the residents), dated 9/9/25, the SBAR indicated, .1. [Resident 1] alleged staff [MRC - Medical Records Coordinator] took her wallet. 2. [Resident 1] Alleged a staff [MRC] borrowed money from [Resident 1] and never paid [Resident 1] back. During a review of Resident 1's Interdisciplinary Team (IDT) Notes, dated 9/10/25, the notes indicated, .On 9/9/25 at about 2:30pm, [Resident 1's] cousin reported to SSD [Social Services Director] that allegedly one of the staff [MRC] borrowed \$2000 from [Resident 1] and did not pay [Resident 1] back. During a review of Resident 1's Psychosocial Note, dated 9/10/25, the note indicated, . [Resident 1's cousin] went on to tell [SS] that he believed a staff member [MRC] borrowed \$2000 and promised repayment. [SS] interview [sic] [Resident 1] to confirm the cousin report. [Resident 1] agreed with the statement [Resident 1's] cousin made. While talking about its [sic] [Resident 1] started to cry. During a review of Resident 1's Psychosocial Note, dated 9/11/25, the note indicated, . [SS] went with [Resident 1] to the Bank to get the bank statements. while at the bank [Resident 1] started to breakdown and started crying. [Resident 1] got the statement, and it shows that someone has been taking money from [Resident 1's] account for that past 6 months. During a review of Resident 1's Psychosocial Note, dated 9/12/25, the note indicated, . This morning, SS checked in with [Resident 1] to see how [Resident 1] was doing. [Resident 1] became emotional and began to cry. During a review of Resident 1's Physician Note, dated 9/12/25, the note indicated, . I [physician] was notified of an incident about employee [MRC] stealing patient money. [Resident 1] tells me [Resident 1] trusted the employee and believed [MRC] was helping [Resident 1]; however, [Resident 1] found out [MRC] was taking [Resident 1's] money without her permission. During a telephone interview on 9/12/25 at 12:27 p.m. with MRC, MRC stated, I gave [Resident 1] a black wallet because [Resident 1] was holding the cards on [Resident 1's] hands. I gave it around May for [Resident 1's] birthday. The MRC further stated, . [Resident 1] has it [wallet] and doesn't want to show it to the cousin because [cousin] will take it. The MRC stated that she never owed money to Resident 1, and Resident 1 did not give her access to Resident 1's wallet, online accounts, cards or PIN numbers (personal identification number, a secret numerical code used to verify identity for secure transactions and access to accounts). In contrast to MRC's statement that she did not have access to Resident 1's bank accounts, a review of Resident 1's savings account bank statement, dated 2/19/25 to 3/19/25, indicated MRC's name withdrawing money from Resident 1's account. The statement indicated the following withdrawal dates with MRC's name with the corresponding amount withdrawn, with a total of \$8,530:- 2/20/25 - \$200- 2/21/25 - \$200- 2/21/25 - \$500- 2/21/25 - \$100- 2/21/25 - \$300- 2/24/25 - \$300- 2/24/25 - \$400- 2/24/25 - \$500- 2/24/25 - \$500- 2/24/25 - \$500- 2/24/25 - \$1,000- 2/24/25 - \$500- 2/24/25 - \$500- 2/26/25 - \$500- 2/26/25 - \$500- 2/27/25 - \$500- 3/3/25 - \$300- 3/3/25 - \$500- 3/3/25 - \$200- 3/3/25 - \$500- 3/7/25 - \$300. During a review of Resident 1's checking account bank statement, dated 2/25/25 to 3/25/25, the following withdrawals were identified indicating MRC's name with the corresponding amount withdrawn, with a total of \$1,560:- 2/27/25 - \$300- 3/3/25 - \$500- 3/3/25 - \$300- 3/3/25 - \$300- 3/5/25 - \$100- 3/6/25 - \$60. During a review of Resident 1's checking account bank statement, dated 3/26/25 to 4/24/25, the following withdrawals were identified</p>		