

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 03/04/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow proper infection control procedures for one of six sampled residents (Resident 1), when Certified Nurse Assistant (CNA) 1 and CNA 2 provided care to Resident 1 without wearing the appropriate personal protective equipment (PPE- worn to protect against hazards like infections).This failure decreased the facility's potential to prevent the spread of infection among vulnerable residents.Findings:A review of Resident 1's admission Record, indicated Resident 1 was admitted to the facility in March 2024 with diagnoses including a gastrostomy (a surgical procedure into the stomach to insert a feeding tube for long-term nutrition.) and stenosis of the larynx (buildup of scar tissue in the throat).During an observation on 3/4/26 at 10:34 a.m. in Resident 1's room, a sign outside the door indicated Resident 1 was on enhanced barrier precautions (EBP- infection control measures in nursing homes requiring staff to wear gowns and gloves during high-contact care for residents at high risk of spreading multi-drug resistant organisms). Resident 1 was being transferred from her bed to the wheelchair by CNA1 and CNA 2. Both CNAs did not wear gowns during the transfer.During an interview on 3/4/26 at 10:38 a.m. with CNA 1 and CNA 2, both CNAs confirmed they were not wearing gowns during the transfer. CNA 1 stated she was aware that Resident 1 was on EBP precautions and should have worn a gown. CNA 2 stated he should have been wearing a gown because it could spread an infection to other residents.During an interview on 3/4/26 at 10:40 a.m. with Licensed Nurse (LN) 1, LN 1 confirmed Resident 1 was on EBP precautions and stated CNAs should have been wearing the proper PPE to minimize the risk of passing an infection to other residents.During an interview on 3/4/26 at 10:45 a.m. with the Infection Preventionist (IP), IP expected staff to wear the proper PPE and follow the precaution signs that were outside of the door. IP stated it was important to follow EBP precautions to reduce the risk of spreading an infection among residents.A review of the facility's policy and procedure (P&P) titled, Infection Control - Policies & Procedures, dated 1/12/12, indicated, The facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. P&P further indicated, Staff are trained on the infection control policies and procedures upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control.</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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