

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056430	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2024
NAME OF PROVIDER OR SUPPLIER Northgate Postacute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Professional Center Parkway San Rafael, CA 94903	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37797</p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 1) was invited to participate in quarterly care conferences (interdisciplinary meetings to review and revise residents care plans). This failure deprived Resident 1 from providing input into the care and services provided to him at the facility.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with a primary diagnosis of generalized anxiety disorder.</p> <p>A review of Resident 1's clinical record on 4/26/24, at 1 p.m., indicated no evidence Resident 1 was invited or participated in his quarterly care conferences for the past 12 months.</p> <p>During an interview on 4/26/24, at 2 p.m., Resident 1 stated he had not been invited to participate in quarterly care conferences. Resident 1 stated he had the right to attend his care conferences.</p> <p>During an interview on 4/26/24, at 3 p.m., the Director of Nursing (DON) was asked for documentary evidence Resident 1 was invited to participate in quarterly care conferences for the past 12 months. The DON stated she would search Resident 1's clinical record and would email the records.</p> <p>On 4/29/24, at 11:51 a.m., the DON emailed Resident 1's care conferences records. The DON emailed, IDT Care Conference notes, dated 3/14/23, 6/15/23, 9/14/23, 12/14/23 and 3/6/24. A review of these records indicated no evidence Resident 1 attended or was invited to attend the care conferences.</p> <p>During an interview and record review 6/19/24, at 10:25 a.m., the DON reviewed Resident 1's, IDT Care Conference notes. The DON could not indicate that Resident 1 attended or was invited to the attend the conferences. The DON stated she remembered seeing Resident 1 in one of the care conferences but could not indicate the date of the meeting.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37797</p> <p>Based on interview and record review, the facility failed to ensure one of three residents (Resident 1) was seen by a physician at least every 60 days. This failure had the potential for Resident 1 not to receive medical care.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with a primary diagnosis of generalized anxiety disorder.</p> <p>A review of Resident 1's clinical record on 4/26/24, at 1 p.m., indicated only two physician Progress Notes in the past 12 months: One dated 3/25/24, and another dated 4/22/24. During a concurrent interview, the Director of Nursing (DON) was asked to provide evidence Resident 1 was seen by a physician at least every 60 days in the past 12 months, and requested the respective Progress Notes. The DON reviewed Resident 1's clinical record and provided only three additional physician Progress Notes, dated 5/9/23, 10/18/23 and 4/9/24. The DON stated Resident 1 refused physician visits. The DON was asked for evidence Resident 1 had refused physician visits but none was provided.</p> <p>During an interview on 4/26/24, at 2 p.m., Resident 1 stated he did not receive regular physician visits at the facility. Resident 1 stated he did not remember the last time he had been seen by a physician at the facility.</p>