

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 01/09/2025
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>38088</p> <p>Based on interview and record review the facility failed to maintain documentation and present evidence of its ongoing Quality Assessment and Performance Improvement (QAPI) program implementation and activities.</p> <p>Findings:</p> <p>During an interview on 1/9/25 at 10:15 A.M., Unlicensed Staff B stated she did not know what the Quality Committee or QAPI was. She stated she did not know if there were any current quality improvement projects.</p> <p>During an interview on 1/9/25 at 10:20 A.M., Unlicensed Staff A and Unlicensed Staff C stated they did not know what the Quality Committee or QAPI was. The stated they did not know of any current quality improvement projects.</p> <p>During an interview with Administrator on 1/9/25, at 11:45 a.m., she stated she could not find a binder for the QAPI Committee. At 11:50 a.m., she provided a QAPI binder for review and stated the only documentation it contained was dated 12/2024. She stated there was no other documentation available. She stated the QAPI was supposed to meet monthly. She stated she did not know what the current QAPI was and if there were any performance improvement projects that the facility was working on.</p> <p>During an interview on 1/9/25 at 12 p.m., the Director of Nursing stated the QAPI Committee met once a month. She stated they met at least quarterly. She stated the thought the QAPI Committee had worked on pests in the kitchen.</p> <p>A review of a facility document titled Quality Assessment and Assurance Committee Quality Assurance Performance Improvement Plan, dated 12/23/2024, indicated Review of QAPI Projects, and included Falls, Weight Loss, Infection Control Effective Pest Control. Review of the document indicated one Plan for Pest Control dated 12/3/2024, that was incomplete and did not have documentation of collection of data or results.</p> <p>A request to see the facility Policy and Procedures for QAPI, Attendance sheets, minutes, agendas was made and not provided by the end of survey.</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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