

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/18/2026
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)		
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure restorative nursing services (RNS) were provided to three of three sampled residents reviewed for RNS (Resident 1, Resident 2 and Resident 3) when services were not provided as ordered by the physician (MD) or provided without an order, not as scheduled and care planned or without active care plans. This failure decreased the facility's potential to provide residents with appropriate services to maintain or improve their limitations in range of motion and mobility. Findings: A review of Resident 1's admission record indicated he was admitted in 12/24 with the diagnosis of hemiplegia (total paralysis of the arm, leg and trunk on the same side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke) affecting the left non-dominant side. A review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool), dated 4/6/26, indicated he had no memory impairment. The MDS also indicated Resident 1 had limitation in range of motion (ROM, the extent or limits of movement in a specific joint or body part) on one upper extremity (UE). A review of Resident 1's MD orders indicated he had an order for RNS, dated 6/5/26, which included AAROM (Active-Assisted Range of Motion, a joint is moved by using one's own muscle power, but partial assistance is received from an external force) of bilateral lower extremities (BLE), daily, five days per week. A review of Resident 1's RNS care plan, initiated 6/17/25, indicated he was receiving RNS for ambulation using a FWW (Front-Wheeled Walker) daily, five times per week and for PROM (Passive Range of Motion, a joint is moved through its available range of motion by an external force) on the lower extremities daily, three times per week as tolerated. A review of the facility's schedule of residents receiving RNS, undated and provided by the Infection Preventionist (IP), indicated Resident 1 was receiving PROM to the left UE (LUE) as tolerated, daily three times per week and ambulation with the FWW as tolerated five times per week for 90 days. RNS scheduled days were Tuesday, Thursday and Saturday. A review of Resident 1's POC (Plan of Care) documentation, dated 6/18/26 and including the prior 30 days, indicated he had received RNS for PROM on the LUE on 5/20/26, 6/12/26 and 6/17/26. There was no documentation of RNS on 5/21, 5/23, 5/26, 5/28, 5/30, 6/2, 6/4, 6/6, 6/9 and 6/11. There was no documentation at all of RNS for ambulation with the FWW for the same time period. A review of Resident 2's admission record indicated she was admitted in 3/23 with a malignant neoplasm (cancerous tumor) of the left breast. A review of Resident 2's MDS, dated [DATE], indicated she had no memory impairment. The MDS also indicated Resident 2 did not use a walker. A review of Resident 2's MD orders indicated she last had an active order for RNS dated 5/30/25 and ending 8/9/25. The order indicated that RNS was to be provided for supervised ambulation using a FWW for 50 feet (ft. a unit of measurement) or as tolerated, daily, three times per week for 90 days. A review of Resident 2's RNS care plans indicated a care plan, initiated 9/1/24, for RNS to provide ambulation with FWW for 30 ft. or as tolerated three times a week for 90 days. A second RNS care plan, initiated 9/9/24, indicated RNS for AROM on bilateral UE with 2 lb. (pounds, a unit of measurement) weights three times a week or as tolerated. A review of the facility's schedule of residents receiving RNS, undated, indicated Resident 2 was receiving RNS for AROM BUE with 2 lb. (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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