

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Novato Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1565 Hill Road Novato, CA 94947	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38335</p> <p>Based on interview, and record review the facility failed to ensure one resident (Resident 1), was free from verbal abuse when Physician A asked Resident 1, Aren't you a shit? This failure resulted in Resident 1 feeling upset and angry from being verbally abused.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated admission to the facility on [DATE] with a medical history that included diagnoses of Insomnia ((trouble falling asleep or staying asleep) and borderline personality disorder (a complex and chronic mental health condition characterized by intense and unstable emotions, impulsive behaviors, and difficulty maintaining relationship).</p> <p>Review of Resident 1's Minimum Data Set (MDS, a resident assessment tool used to identify resident care needs) dated 12/13/24, indicated a Brief Interview for Mental Status (BIMS, an assessment of cognitive status) score of 14 of 15 which indicated no cognitive impairment. Resident 1 was his own responsible party.</p> <p>During an interview on 1/7/25 at 3:15 p.m., Licensed Staff B stated she and Physician A entered Resident 1's room to assess and treat the wound on his right foot on 10/25/24. Physician A greeted Resident 1 by a nickname. Resident 1 notified Physician A he preferred to be referred to by his legal first name. Physician A then addressed Resident 1 by his surname. Resident 1 became upset because Physician A did not refer to him by his legal first name. Physician A then responded to Resident 1 asking, Aren't you a shit?</p> <p>During an interview on 1/7/25 at 3:30 p.m., Resident 1 stated he did not like when Physician A called him a nickname because he prefers to be called by his legal first name. Resident 1 stated he was upset and did not want Physician A to take care of him and wanted another doctor.</p> <p>During an interview on 1/9/25 at 1 p.m. the Administrator confirmed the incident between Resident 1 and Physician A occurred based on what Licensed Staff B reported to him.</p> <p>Review of the facility's policy and procedure titled, Abuse-Reporting & Investigations , revised March 2018, indicated, .The Facility does not condone any form of resident abuse .and/or mistreatment, and develops . systems in order to promote an environment free from abuse and mistreatment.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Novato Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1565 Hill Road Novato, CA 94947	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38335</p> <p>Based on interview and record review the facility failed to report an allegation of verbal abuse in accordance with State law and established facility policies and procedures for one resident (Resident 1). This failure prevented the California Department of Public Health (CDPH, to be referred to the Department from here on) from investigating an allegation of abuse and continued to place Resident 1 and other residents at risk for abuse.</p> <p>Findings:</p> <p>Review of Resident 1's medical record indicated admission to the facility on [DATE] with a medical history that included diagnoses of Insomnia ((trouble falling asleep or staying asleep) and borderline personality disorder (a complex and chronic mental health condition characterized by intense and unstable emotions, impulsive behaviors, and difficulty maintaining relationship).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a resident assessment tool used to identify resident care needs) assessment dated [DATE], indicated a Brief Interview for Mental Status (assessment of cognitive status) score of 14 of 15 which indicated no cognitive impairment. Resident 1 was his own responsible party.</p> <p>During an interview on 1/7/25 at 3:15 p.m., Licensed Staff B stated she and Physician A entered Resident 1's room to assess and treat the wound on his right foot. Physician A greeted Resident 1 by a nickname. Resident 1 notified Physician A he preferred to be referred to by his legal first name. Physician A then addressed Resident 1 by his surname, Resident 1 became upset because Physician A did not refer to him by his legal first name Physician A then responded to Resident 1 asking, Aren't you a shit? Licensed Staff B confirmed she reported the incident to the Director of Nursing (DON) and Administrator after she completed wound rounds with Physician A on 10/25/24.</p> <p>During an interview on 1/7/25 at 4:29 p.m., the DON confirmed, Licensed Staff B reported the incident between Resident 1 and Physician A to her on 10/25/24. The incident was not reported to the Department as verbal abuse nor did the facility conduct an investigation.</p> <p>During an interview on 1/9/25 at 1 p.m., the Administrator verified he was the facility's Abuse Coordinator and confirmed the incident between Resident 1 and Physician A was reported to him on 10/25/24. The Administrator also verified an investigation of the abuse was not conducted or reported to any regulatory agencies.</p> <p>Review of the facility's policy and procedure titled, Abuse-Reporting & Investigations , revised March 2018, indicated, .Notification of Outside Agencies of Allegations of Abuse With No Serious Bodily Injury .The Administrator .will notify within two .hours notify, by telephone, CDPH, the Ombudsman and Law Enforcement. The Administrator .will send a written SOC341 report to the Ombudsman and Law Enforcement and CDPH Licensing and Certification within two .hours.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Novato Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1565 Hill Road Novato, CA 94947	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>38335</p> <p>Based on interview, and record review, the facility failed to investigate an allegation of abuse following facility policy and procedures and State requirements for one resident (Resident 1). This failure decreased the facility's potential to prevent further alleged abuse from continuing and to take appropriate corrective action.</p> <p>Findings:</p> <p>During an interview on 1/7/25 at 4:29 p.m., the Director of Nursing (DON) confirmed an allegation of verbal abuse between Resident 1 and Physician A was reported to her by Licensed Staff B on 10/25/24. The DON verified an investigation of the allegation was not conducted.</p> <p>During an interview on 1/9/25 at 1 p.m., the Administrator verified he was the facility's Abuse Coordinator and confirmed an allegation of verbal abuse between Resident 1 and Physician A was reported to him on 10/25/24. The Administrator stated an investigation of the abuse was not conducted or reported to any regulatory agencies.</p> <p>Review of the facility's policy and procedure titled, Abuse-Reporting & Investigations, revised March 2018, indicated, .Immediate Action .The administrator .will provide for a safe environment for the resident as indicated by the situation .The administrator .conducting the investigation will interview individuals who may have information relevant to the allegation .Employees of this facility who have been accused of resident abuse .will be suspended from duty until the results of the investigation have been reviewed by the Administrator .The Administrator will provide a written report of the results of all abuse investigations and appropriate action taken to CDPH Licensing and Certification and others that may be required by state or local laws, within five .working days of the reported allegation.</p>