STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555844	A. Building B. Wing	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Novato Healthcare Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38335 Based on interview and record review, the facility failed to ensure Licensed Nurses (LNs) administered medication to five residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) of five sampled residents during a facility power outage which occurred on 12/14/25 to 12/15/25 when there was no documented evidence resident medications were administered. This failure resulted in residents who did not receive their medications and decreased the facility ' s potential to ensure residents received necessary medications during a power outage. Findings: A review of Resident 1 ' s admission record indicated admission to the facility in March 2020 with diagnoses which included dementia (a progressive state of decline in mental abilities), hypertension (high blood pressure), major depressive disorder (mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities), and insomnia (trouble falling asleep or staying asleep). A review of Resident 1 ' s Minimum Data Set (MDS, an assessment tool) dated 1/19/25 indicated a Brief Interview for Mental Status (BIMS, a screening tool used to identify cognitive (the mental process of acquiring knowledge and understanding through thought, experience, and the senses) impairment) score of 6 which indicted severe cognitive impairment. A review of Resident 2 ' s admission record indicated admission to the facility in October 2022 with diagnoses which included Parkinsonism (a group of neurological disorders characterized by tremors, slow movement, and stiffness in muscles), hyperlipidemia (high levels of fats in the blood which increases risk of stroke and heart attack), hypertension (high blood pressure), benign hyperplasia (an enlargement of the prostate gland), and schizophrenia (a mental disorder characterized by disruptions in the thought process, emotions, and social interactions). A review of Resident 2 ' s MDS dated [DATE] indicated a BIMS score of 4 which indicated severe cognitive impairment. A review of Resident 3 ' s admission record indicated admission to the facility in May 2023 with diagnoses which included Alzheimer ' s disease (a disease characterized by a progressive decline in mental abilities), depression, chronic obstructive pulmonary disease (COPD, a group of lung diseases that inflammation and damage to the airways making it difficult to breathe), and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). A review of Resident 3 ' s MDS dated [DATE] indicated a BIMS score of 5 which indicated severe cognitive impairment. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of Resident 4 ' s admission record indicated admission to the facility in September 2023 with diagnoses which included type 2 diabetes mellitus (a chronic condition in which the body does not use insulin properly or does not produce enough insulin (a hormone) to regulate blood sugar levels), hypertension, and current long-term use of insulin. A review of Resident 4 ' s MDS dated [DATE] indicated a BIMS score of 99 which indicated severe cognitive impairment. A review of Resident 5 ' s admission record indicated admission to the facility in October 2024 with diagnoses which included malignant neoplasm of the larynx (a type of cancer that develops in the voice box), hypotension (low blood pressure), peripheral vascular disease (a condition that affects the blood vessels outside the heart and brain). A review of Resident 5 ' s MDS dated [DATE] indicated a BIMS score of 14 which indicated intact cognition. A review of Resident 1 ' s Medication Administration Record (MAR) dated December 2024 indicated there was no documented evidence Resident 1 was administered the following medications: 1 tablet of amlodipine (medication used to treat hypertension) 2.5 milligrams (mg, a unit of measure) by mouth on 12/15/24 at 9 a. m.; 1 capsule of fluoxetine (medication used to treat depression) 20 mg by mouth on 12/15/24 at 9 a.m.; and 1 capsule of triamterene hydrochlorothiazide (medication used to treat hypertension) 37.5-25 mg by mouth on 12/15/24 at 9 a.m. A review of Resident 2 ' s MAR dated December 2024 indicated there was no documented evidence Resident 2 was administered the following medications: 1 tablet of amlodipine 5 mg by mouth on 12/14/24 at 8 a.m. and 12/15/24 at 8 a.m.; 1 tablet of atorvastatin (medication used to treat hyperlipidemia) 10 mg by mouth on 12/14/24 at 9 p.m.; 4 tablets of divalproex sodium (medication used to treat schizophrenia) 500 mg by mouth on 12/14/24 at 9 p.m.; 1 tablet of hydrochlorothiazide (medication used for hypertension) 50 mg by mouth on 12/14/24 at 8 a.m. and on 12/15/24 at 8 a.m.; 1 tablet of melatonin (medication used to treat disruptions in sleep) 3 mg by mouth on 12/14/24 at 9 p.m.; 1 tablet of risperidone (medication used to treat schizophrenia) 4 mg by mouth on 12/14/24 at 9 p.m.; 1 capsule of tamsulosin hydrochloride (medication used to treat benign prostatic hyperplasia) 0.4 mg by mouth on 12/14/24 at 5 p.m.; 1 tablet of acetaminophen (medication used to manage pain) 500 mg by mouth on 12/14/24 at 5 p.m. and on 12/15/24 at 9 a.m.; 1 tablet of atenolol (medication used to treat hypertension) 25 mg by mouth on 12/14/24 at 9 a.m. and 5 p.m. and on 12/15/24 at 9 a.m.; 2 tablets of clozapine (medication used to treat schizophrenia) 200 mg by mouth on 12/14/24 at 5 p.m. and on 12/15/24 at 9 a.m.; 1 tablet of famotidine (medication used for acid reflux (when stomach acid flow back up between the stomach and the throat)) 20 mg on 12/14/24 at 5 p.m. and on 12/15/24 at 9 a.m.; 1 tablet of pantoprazole sodium (medication used to treat acid reflux) 40 mg by mouth on 12/14/24 at 5 p.m. and on 12/15/24 at 9 a.m.; 1 tablet of carbidopa-levodopa (medication used to treat Parkinsonism) 25-100mg by mouth on 12/14/24 at 12 p.m. and 5 p.m. and on 12/15/24 at 9 a.m. and 12 p.m. ; 1 tablet of sucralfate (medication used to treat and prevent ulcers caused by stomach acid) 1 gram (gm, a unit of measurement) by mouth on 12/14/24 at 12 p.m., 5 p.m., and 9 p.m. and on 12/15/24 at 7 a.m. and 12 p.m. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of Resident 3 ' s MAR dated December 2024 indicated there was no documented evidence Resident 3 was administered the following medications: 2 tablets of amlodipine 2.5 mg by mouth on 12/14/24 at 9 a.m. and on 12/15/24 at 9 a.m.; 1 tablet of cetirizine hydrochloride (medication used to treat allergies) 10 mg by mouth on 12/14/24 at 9 a.m. and 12/15/24 at 9 a.m.; 1 tablet of donepezil hydrochloride (medication used to treat dementia) 10 mg by mouth on 12/14/24 at 9 a.m. and 12/15/24 at 9 a.m.; 1 spray of fluticasone propionate (medication used to treat allergies) 50 microgram per actuation (mcg/act, a unit dose) in each nostril on 12/14/24 at 9 a.m. and 12/15/24 at 9 a.m.; 1 patch of lidocaine (medication used to treat pain) 4% applied to the right shoulder on 12/14/24 at 9 a.m. and 12/15/24 at 9 a.m.; 1 tablet of melatonin 10 mg by mouth on 12/14/24 at 9 p.m.; 1.5 tablets of trazodone hydrochloride (medication used to treat depression) 50 mg by mouth on 12/14/24 at 9 p.m.; 1 puff of fluticasone-umeclidinium-vilanterol (medication used to treat COPD) 100-62.5-25 mcg/act inhaled by mouth on 12/14/24 at 9 a.m. and on 12/15/24 at 9 a.m.; 1 tablet of apixaban (medication used to prevent blood clot formation) 5 mg by mouth on 12/14/24 at 9 a.m. and 5 p.m. and on 12/15/24 at 9 a.m.; 1 tablet of clonazepam (medication used to treat seizures) 1 mg by mouth on 12/14/24 at 8 a.m. and 5 p.m. and on 12/15/24 at 8 a.m.; 1 application of diclofenac sodium gel (medication used to treat joint pain) 1% 2 gm applied to the right shoulder on 12/14/24 at 7:30 a.m. and 4 p.m. and on 12/15/24 at 7:30 a.m.; 1 capsule of duloxetine hydrochloride (medication used to treat depression) 30 mg by mouth on 12/14/24 at 9 a.m. and 5 p.m. and on 12/15/24 at 9 a.m.; 1 capsule of gabapentin (medication used to treat nerve pain) 300 mg by mouth on 12/14/24 at 9 a.m. and 5 p.m. and on 12/15/24 at 9 a.m.; 1 tablet of ibuprofen (medication used to treat pain) 600 mg by mouth on 12/14/24 at 8 a.m. and 5 p.m. and on 12/15/24 at 8 a.m.; and 1 tablet of methenamine hippurate (medication used prevent urinary tract infections) 1 gm by mouth on 12/14/24 at 8 a.m. and 5 p.m. and on 12/15/24 at 8 a.m. A review of Resident 4 ' s MAR dated December 2024 indicated there was no documented evidence Resident 4 was administered the following medications: 30 units of insulin glargine solution (medication used to treat diabetes) 100 unit/milliliters (U/ml, a unit of measure) by injection on 12/15/24 at 8 a.m.; 0.5 tablet of losartan potassium (medication used to treat hypertension) 25 mg by mouth on 12/15/24 at 9 a.m.; 1 tablet of pantoprazole sodium 40 mg by mouth on 12/15/24 at 8 a.m.; 1 pump of sodium fluoride dental gel (medication used to treat tooth decay) 1.1% by mouth on 12/15/24 at 9 a.m.; 2 tablets of acetaminophen 325 mg by mouth on 12/15/24 at 8 a.m.; 1 tablet of metformin (medication used to treat diabetes) 500 mg by mouth on 12/15/24 at 8 a.m.; and various units of insulin lispro (medication used to treat diabetes) 100 U/ml by injection based on a sliding scale dependent on Resident 4 ' s blood glucose level on 12/14/24 at 12:30 p. m. and 12/15/24 at 7 a.m. and 12:30 p.m. A review of Resident 5 ' s MAR dated December 2024 indicated there was no documented evidence Resident 5 was administered the following medications: 1 tablet of atorvastatin 40 mg by gastrostomy tube (g-tube, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) on 12/14/24 at 9 p.m.; 1 tablet of melatonin 3 mg by g-tube on 12/14/24 at 9 p.m.; 1 tablet of midodrine (medication used to treat hypotension) 5 mg by g-tube on 12/14/24 at 4 p.m. and 12/15/24 at 12 a.m.; 2 sprays of phenol antiseptic (medication used to treat sore throat) applied between a person ' s gums and inner lining of the mouth cheek on 12/14/24 at 12 p.m. and 5 p.m.; and 350 ml of enteral formula (a liquid nutritional supplement designed to meet the nutritional needs of a person when they are unable to swallow food or liquid) by g-tube on 12/14/24 at 12 p.m., 4 p.m., and 8 p.m. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview 2/13/25 at 2:50 p.m., the Director of Nursing (DON) confirmed the facility experienced a power outage on 12/14/25- 12/15/25. The DON verified she had not come to the facility during the power outage but was available by phone. The DON stated a back-up electronic Medication Administration Record (e-MAR) system was used by the nurses during the power outage and copies of the paper e-MAR were located in the residents ' charts. The surveyor requested a copy of the paper e-MARs but none were provided. In an interview on 2/24/25 at 2:15 p.m., the DON stated paper e-MARs were unavailable to nurses during the power outage because the entire system was down. The DON stated she asked staff if they had administered medication, and they all stated they had but there was no documented evidence of the administration in the residents ' medical records unless there was computer access. The surveyor requested a copy of the facility ' s policy and procedure for use of the back-up e-MAR but none was provided. In an interview on 2/24/25 at 3 p.m., the LN A confirmed he was working at the facility when the power outage occurred. The LN A stated the power outage occurred after he had passed his residents ' morning medications. The LN A verified he had not been provided a copy of his residents ' MARs when the power outage occurred. The LN A stated he was unaware of how medications would be passed if there was no access to the computer. The LN A also verified neither the Administrator (ADM) or the DON were at the facility when the power outage occurred. The LN A stated the LNs should be trained on what to do. In an interview on 2/24/25 at 3:15 p.m., the LN B verified he was working at the facility when the power outage occurred. The LN B stated management was supposed to provide the LNs copies of the residents ' MARs but had not. In an interview on 2/24/25 at 3:55 p.m., the LN D verified she was working at the facility when the power outage occurred. The LN D confirmed the ADM and DON were unavailable and did not come to the facility during the power outage. The LN D stated, .there was no back-up for the staff. In an interview on 2/24/25 at 4 p.m., the LN E confirmed she was working at the facility when the power outage occurred. The LN E stated she had not signed off on the MAR and was unsure of the protocol during the power outage. The LN E stated she wished there had been a training on the process. A review of the facility ' s policy and procedure titled eMAR Backup dated 10/8/14 indicated, The eMAR Backup is a process to create a paper image of the electronic Medication Administration Records .for a facility. The paper images serve as a backup for these records when circumstances (power disruption, loss of internet service, etc.) disable the facility ' s access to the .eMAR application .paper images are printed and facility staff can use them to document administration of the required medications .The printed paper image will display 7 days ' worth of space for administration documentation: 3 previous dates, the current date and 3 future dates . (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the facility ' s policy and procedure titled Medication Administration revised 1/1/12 indicated, . Medication will be administered directed by a Licensed Nurse and upon the order of a physician .The Licensed Nurse will chart the drug, time administered and intiatl his/her name with each medication administration and sign full name and title on each page of the .MAR .The time and dose of the drug or treatment administered to the patient will be recorded in the patient's individual medication record by the person who administers the drug or treatment. Recording will include the date, the time and the dosage of the medication or type of the treatment .

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. 38335 Based on interview and record review, the facility failed to ensure a contingency plan was in place and was included in the facility assessment for the administration of resident medication when the facility experienced a power outage on 12/14/24- 12/15/24. This failure resulted in five residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) out of five sampled residents having no documented evidence their medications were administered and decreased the facility ' s potential to ensure residents received necessary care during a power outage. This was cross-referenced and cited at F658. Findings: In an interview on 2/13/25 at 1:03 p.m., the Plant Operations Manager (POM) confirmed the facility experienced a power outage on 12/14/24 due to bad storms in the area. The POM stated the facility ' s generator kicked in and he implemented the facility ' s emergency back-up plan. Extension cords were plugged into emergency outlets to provide power to beds, emergency lighting was used, and all fire doors were checked for electrical and were functioning. The POM stated the generator had run for 2.5 hours. In an interview 2/13/25 at 2:50 p.m., the Director of Nursing (DON) confirmed the facility experienced a power outage on 12/14/25- 12/15/25. The DON verified she had not come to the facility during the power outage but was available by phone. The DON also confirmed administration of medications on 12/14/24 and 12/15/24 had not been documented unless there was computer access. In an interview on 2/24/25 at 2:15 p.m., the DON stated paper e-MARs were unavailable to nurses during the power outage because the entire system was down. The DON stated she asked staff if they had administered medication, and they all stated they had but there was no documented evidence of the administration in the residents ' medical records unless there happened to be computer access at the time. The DON clarified the e-MAR system had been updated after the power outage so there was no documentation of printed e-MARs during the power outage. The DON also clarified the e-MAR policy and procedure was from the computer system the facility used but was not a part of the facility ' s assessment. In an interview on 2/24/25 at 3 p.m., the LN A confirmed he was working at the facility when the power outage occurred. The LN A stated the power outage occurred after he had passed his residents ' morning medications. The LN A verified he had not been provided a copy of his residents ' MARs when the power outage occurred. The LN A stated he was unaware of how medications would be passed if there was no access to the computer. The LN A also verified neither the Administrator (ADM) or the DON were at the facility when the power outage occurred. The LN A stated the LNs should be trained on what to do. In an interview on 2/24/25 at 3:15 p.m., the LN B verified he was working at the facility when the power outage occurred. The LN B stated management was supposed to provide the LNs copies of the residents ' MARs but had not. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 2/24/25 at 3:55 p.m., the LN D verified she was working at the facility when the power outage occurred. The LN D confirmed the ADM and DON were unavailable and did not come to the facility during the power outage. The LN D stated, .there was no back-up for the staff. In an interview on 2/24/25 at 4 p.m., the LN E confirmed she was working at the facility when the power outage occurred. The LN E stated she had not signed off on the MAR and was unsure of the protocol during the power outage. The LN E stated she wished there had been a training on the process. In an electronic-mail (e-mail) sent to the surveyor on 2/26/25 at 9:31 a.m., the DON attached a copy of the facility's assessment per the surveyor's request. In an e-mail sent to the surveyor on 2/26/25 at 12:33 p.m., the Administrator indicated, [The DON] informed me that you had a question about the facility assessment we had sent over. The numbers, data, in the facility assessment tool are specific to [the facility]. A review of the facility ' s policy and procedure titled eMAR Backup dated 10/8/14 indicated, The eMAR Backup is a process to create a paper image of the electronic Medication Administration Records .for a facility. The paper images serve as a backup for these records when circumstances (power disruption, loss of internet service, etc.) disable the facility ' s access to the .eMAR application .paper images are printed and facility staff can use them to document administration of the required medications .Each facility provides a computer designated as the eMAR backup computer. This computer must be attached to a backup power supply .a printer must also be provided and also must be attached to the backup power supply. The computer must have internet access .Disruptions are commonly caused by power outages or loss of Internet Service .It is recommended that each facility include criteria defining when the eMAR backup reports should be accessed and used in their facility ' s emergency plans .Also, it is highly recommended to put in place an audit process to identify how often staff will check that the eMAR Backup is working . A review of the facility ' s policy and procedure titled Facility Assessment Tool updated 7/31/24 indicated, The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies .The facility assessment will be used to .Inform contingency planning for events that do not require activation of the facility emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of .other resources needed for resident care . [the facility is expected to reflect on resources needed to provide] Medication management .Awareness of any limitations of administering medications .Consider the following training topics .Emergency preparedness .Consider the following competencies .Disaster planning and procedures .power outage .Policies and procedures for the provision of care .Describe how the facility evaluates what policies and procedures may be required in providing care and how it ensure those meets current professional standards of practice [No description included] .Physical environment and building/plant needs .If applicable, describe the facility ' s processes to ensure adequate supplies and equipment are maintained to protect and promote the health and safety of residents .List health information technology resources, such as systems managing patient records . Consider including a description of .how downtime procedures are developed and implemented [No description of downtime procedures included] .Provide the facility-based and community-based risk assessment using an all-hazards approach (an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and natural disasters) .