

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  03/05/2025
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>39792</p> <p>Based on interview and record, the facility failed to maintain the dignity of two of four sampled residents (Resident 3 and Resident 6) when Resident's 3 cheek was pinched without her consent and Resident 6 was continually not called by her preferred name pronunciation.</p> <p>This failure left Resident 3 and Resident 6 feeling angry and disrespected.</p> <p>Findings:</p> <p>During an interview 3/5/25 at 3:38 p.m., Resident 3 stated Licensed Staff A had used the index finger and thumb to pinch her cheek. Resident 3 stated it was not gentle it was rough, and she was angry because she did not like it when he did that to her. Resident 3 stated she did not want Licensed Staff A to take care of her any longer, as she went to college to be a dental hygienist and knew how to treat patients and added, Licensed Staff A did not know how to treat patients.</p> <p>During an interview on 3/5/25 at 2:11 p.m. with the Director of Nursing (DON), the DON stated Licensed Staff A was disciplined (a notice was place in personnel file) regarding pinching a resident on the cheek. DON stated she would prefer that staff not pinch resident's cheeks.</p> <p>During an interview on 3/5/25 at 3:44 p.m. with Residents 6 and Resident 9, in Resident 6's room. Resident 6 stated that Licensed Staff A insisted upon pronouncing her name incorrectly, using a Hispanic (relating to Spain or Spanish-speaking) pronunciation rather than the Anglican (relating to England or English-speaking) pronunciation she preferred. Resident 6 stated she had corrected Licensed Staff A repeatedly but he continued calling her by the Hispanic pronunciation of her name. Resident 9 stated she had observed these interactions between Resident 6 and Licensed Staff A as well.</p> <p>During a telephone interview on 3/6/25 at 10:10 a.m. with Licensed Staff A, Licensed Staff A stated he had been too playful with the residents and acknowledged, pinching Resident 3's cheek was an example of him being too playful. Licensed Staff A stated he apologized to Resident 3, and he knew he was not supposed to do that kind of behavior with the residents. Licensed Staff A stated in regards to Resident 6, he just could not remember to pronounce her name the Anglican way and was using the Hispanic pronunciation instead. Licensed Staff A stated he just kept forgetting, even though he estimated Resident 6 had been living at the facility for approximately a year. Licensed Staff A stated, Resident 6 did correct him every time he mispronounced her name, but he could not seem to remember to pronounce Resident 6's name the way she preferred.</p> <p>(continued on next page)</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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 3/10/25 at 10:04 a.m., the DON stated a year was too long for Licensed Staff A not to be able to remember how to pronounce Resident 6's name as she preferred.</p> <p>During a telephone interview on 3/10/25 at 10:15 a.m. with Administrator (ADM), stated it was completely reasonable for Resident 6 to expect Licensed Staff A to pronounce her name the way she preferred. ADM stated it was not reasonable for Licensed Staff A to continue to mispronounce Resident 6's name, especially after she had corrected him and added, Licensed Staff A needed further training.</p> <p>During a review of the facility's policy and procedure titled, Resident Rights dated 2012, indicated, .Residents of skilled nursing facilities have a number of rights under state and federal law. The Facility will promote and protect those rights .Employees are to treat all residents with kindness, respect, dignity and honor the exercise of resident's rights .</p>