

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 04/23/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>39621</p> <p>Based on interview and record review, the facility failed to ensure rehabilitative services were adequately provided for one resident (Resident 1) of three sampled residents when the rehabilitation staff (professionals who work together to help patients regain their functional abilities after illness, injury, or disability) did not carry out a physician order to evaluate Resident 1 for Physical Therapy (PT-A therapy that helps improve how the body performs physical movements), Occupational Therapy (OT- A therapy that encourages rehabilitation through the performance of activities required in daily life) and Speech Therapy (ST-A therapy that improves the ability to talk and swallow) services within 24 to 72 hours. As a result, these services were not provided to Resident 1 for several months.</p> <p>This failure decreased the facility's potential to assist Resident 1 to attain and maintain his highest practicable level of functional well-being.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated he was admitted to the facility in 5/30/23 with diagnoses including quadriplegia (paralysis [the loss of ability to move] all four limbs) and bipolar disorder (a mental illness characterized by extreme and persistent shifts in mood, energy, and activity levels).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 2/28/25, indicated he had no memory impairment.</p> <p>During an interview on 4/23/25 at 11:40 a.m., Resident 1 stated the facility refused to evaluate him for PT, OT and ST, for months, although he had a physician order dated 11/29/23 that required it. Resident 1 stated he felt very frustrated and depressed about this situation.</p> <p>A review of a PT discharge summary dated 9/4/23, indicated Physical Therapist A documented Resident 1 was discharged from PT services because he had achieved his highest practical level.</p> <p>A review of Resident 1's physician's order dated 11/29/23 indicated, PT, OT and ST evaluation.</p> <p>During an interview on 4/23/25 at 12:30 p.m., the Director of Nursing (DON) stated physician orders for PT, OT and ST evaluations were required to be carried out within 24 to 72 hours from the time the physician order was written.</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/23/25 at 12:43 p.m., Physician B stated he had been told physician orders for PT, OT, and ST evaluations were required to be carried out within 72 hours.</p> <p>During an interview on 4/23/25 at 3 p.m., the DON acknowledged she was unable to provide the Surveyor documented evidence of Resident 1's PT, OT, and ST evaluations in response to Resident 1's physician's order dated 11/29/23. The DON also acknowledged she was unable to provide the Surveyor documented evidence the physician was notified and reasons why the order for Resident 1's PT, OT, and ST evaluations were not completed within 24-72 hours.</p> <p>During a concurrent interview and record review on 4/23/25 at 3:15 p.m., the Director of Rehabilitation (DOR) provided copies of Resident 1's OT evaluations dated 2/14/24 and 6/21/24 and acknowledged they were the only OT evaluations conducted after Resident 1's physician's order dated 11/29/23. The DOR stated Resident 1 did not have an ST evaluation on file because Resident 1 had a waiver. The DOR further stated Physical Therapist A no longer worked at the facility.</p> <p>During an interview on 4/23/25 at 3:25 p.m., the DON was asked to provide a copy of the waiver that prevented the ST evaluation requested by the physician's order dated 11/29/23. This waiver was not provided to the Surveyor.</p> <p>During a concurrent interview and record review on 4/23/25 at 3:25 p.m., the DOR stated the facility did not have a policy on rehabilitation services.</p> <p>During an interview on 4/24/25 at 10:15 a.m., Anonymous Witness AA stated in January 2024 the Anonymous Witness AA asked Physical Therapist A why Resident 1 had not been evaluated for PT, OT, and ST when Resident 1 had a physician's order for them. The Anonymous Witness AA stated the Physical Therapist A responded, [Resident 1] will never stand up. It is a waste of time to give him physical therapy . The doctor didn't know what he was talking about when he wrote the order for PT, OT, and ST evaluation for [Resident 1] .[The Physical Therapist A] did not have to do what the doctor ordered.</p>