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	07/03/2025

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interviews and record reviews, the facility failed to ensure accurate and complete resident medical records for four residents (Resident 1, Resident 2, Resident 3, and Resident 4) of four sampled residents when administration of medications during the evening shift of 6/18/25 was missing on their Electronic Medication Administration Record (EMAR). This failure decreased the facility's potential to ensure accurate documentation of resident care provided and increased the potential of medication errors. Findings: On 7/2/25 at 2:50 p.m., a review of Resident 1, Resident 2, Resident 3, and Resident 4's EMARs dated 6/18/25 indicated Licensed Nurse A (LN A) did not document the administration of the following medications: -Resident 1's 5 p.m. dose of levetiracetam (medication used to prevent seizures) oral solution 500 milligram (mg)/ 5 milliliters (ml) for seizure disorder; 9 p.m. dose of atorvastatin (medication used to treat high cholesterol) 40 mg tablet at bedtime for hyperlipidemia (high cholesterol); and 9 p.m. senna (medication used to treat constipation) tablet 8.6 mg for constipation. -Resident 2's 5 p.m. dose of acetaminophen (medication used to treat pain) 500 mg for pain management; 5 p.m. dose of metformin hydrochloride (medication used to treat diabetes) 1000 mg tab; and 9 p.m. dose of lorazepam tablet 1 mg for increased anxiety manifested by restlessness. -Resident 3's 5 p.m. dose of diclofenac sodium external gel 1 % (a medication applied directly to the skin or other body surfaces used to treat pain) apply to right ankle; 5 p.m. dose of polyethylene glycol 17 grams by mouth for constipation; 9 p.m. dose of escitalopram (medication used to treat depression) 10 mg for major depressive disorder manifested by sadness; 9 p.m. dose of melatonin (a supplement used to aid in sleep) 3 mg by mouth ; 9 p.m. dose of trazodone (medication used to aid in sleep) 50 mg tablet for depression manifested by the inability to sleep; 10 p.m. dose of baclofen (medication used to relax muscles) 5 mg for muscle spasms; 10 p.m. dose of gabapentin (medication used to treat nerve pain) 300 mg for neuropathic (condition related to nerve damage) pain. -Resident 4's 4 p.m. dose of baclofen 5 mg for muscle spasm; 5 p.m. dose of gabapentin 400 mg for neuropathy; 5 p.m. dose of morphine sulfate (medication used to treat pain) extended release 15 mg tablet for pain. (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

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	07/03/2025

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/2/25 at 3:55 p.m., LN B stated registry nurses (nurses who work at the facility through a third-party staffing agency to fill in staffing gaps or provide additional support) usually have access to the EMAR. LN B stated, he helped LN A try to print the EMAR on 6/18/25 for the afternoon shift but was unable to print it. LN B stated he did not open the EMAR for LN A. During an interview on 7/3/25 at 11:58 a.m., LN A stated she went to the facility early to get access to the EMAR on 6/18/25 but there was a problem with her password, so she was unable to get access. LN A stated she was still able to pass medications to the residents because LN B gave her access to the EMAR. LN A stated she did not sign the EMAR but was able to see the residents she was assigned to and what medications she was supposed to administer to the residents. During an interview on 7/3/25 at 2:50 p.m. LN C stated LN B approached him at around 10:45 p.m. on 6/18/25 and asked if the printer at his station was working because LN B was advised by the Administrator to look for a printer to print the EMAR because other printers were not working. LN C stated LN B told him the printed medication administration record would be used by a registry nurse who did not have access to the EMAR. LN C stated he asked LN B how LN A passed the medications since it was already late at night, and her shift was over. LN C stated he would not give his personal credentials to any licensed nurse because it was not right and not legal. LN C stated anything that was not signed on the EMAR was not done. During an interview on 7/3/25 at 3:55 p.m., the Administrator (ADM) stated LN A signed the EMAR today on 7/3/25. The ADM stated LN D gave her credentials to LN A during the evening medication pass on 6/18/25. During an interview on 7/8/25 at 8:20 a.m., LN D stated she had not provided her credentials to allow LN A to access the EMAR on the evening shift of 6/18/25. When asked if the facility allowed licensed nurses to provide their credentials to other nurses to access the EMAR, LN D stated No. A review of a facility document titled Medication Administration dated 1/1/12 indicated, .The Licensed Nurse will chart the drug, the time administered and initial his/her name with each medication administration and sign full name and title on each page of the Medication Administration Record (MAR) .