

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  07/09/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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

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  07/09/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview, observation and record review, the facility failed to provide necessary services to maintain grooming and hygiene for two of nine sampled residents (Resident 1 and Resident 2). This failure resulted in both residents experiencing pain and anxiety and had the potential for skin breakdown and worsening of medical conditions. 1. During a review of Resident 1's admission Record (Face Sheet), printed 7/8/25, it indicated the facility admitted Resident 1 on 1/27/18 with diagnoses including hemiplegia and hemiparesis (both involve weakness on one side of the body, but hemiplegia refers to complete paralysis, while hemiparesis refers to partial weakness) affecting the left side, major depressive disorder (a serious mental illness characterized by persistent sadness, loss of interest in activities, and other symptoms that significantly interfere with daily life), and cognitive social /emotional deficit (impairments in thinking, social interaction, or emotional processing) following cerebrovascular accident (a medical emergency where blood flow to the brain is interrupted, causing brain damage). During a review of Resident 1's Minimum Data Set (MDS—a resident assessment tool) Section C (cognition), dated 5/14/25, the MDS indicated Resident 1 had a BIMS score (Brief Interview for Mental Status—a measure used to assess cognitive function, particularly in long-term care settings that helps identify cognitive [thinking, reasoning, remembering, imagining, learning words, and using language] impairment. Scores range from 0 to 15, with higher scores indicating better cognitive function) of 11, indicating moderate cognitive impairment. During a concurrent interview and observation on 7/8/25 at 10:25 a.m. with Resident 1 at her bedside, Resident 1 stated the area around her vagina (a passageway that connects the cervix, which is the opening of the uterus, to the outside of the body. It is also known as the birth canal) was burning, because she sits in her urine and staff do not change her brief frequently or clean the area around her vagina well. Resident 1 also stated she has to beg to get a shower, and she hasn't had a shower in a week. Resident 1 was dressed in a hospital gown, with uncombed hair, and fingernails grown long, extending between 1/4 and 1/2 inch past her fingertips. During an interview on 7/8/25 at 11:45 a.m. with Resident 1's family representative, they stated the facility should get her up more. During a review of Resident 1's CNA task record titled Bladder Elimination, dated 6/9/25 through 7/7/25, it indicated the following: Staff checked Resident 1's brief two times in a 24-hour period on the following dates: 6/10/25, 6/11/25, 6/12/25, 6/13/25, 6/15/25, 6/17/25, 6/20/25, 6/23/25, 6/24/25, 6/27/25, 6/30/25, 7/1/25, 7/3/25, and 7/4/25. Staff checked Resident 1's brief one time in a 24-hour period on the following dates: 6/16/25, 6/26/25 and 7/2/25. Staff did not check Resident 1's brief anytime in a 24-hour period on 6/14/25. During an interview on 7/8/25 at 1:10 p.m. with Resident 1, Resident 1 stated she wished to get out of bed, and that it had been years since she got up. Resident 1 was still lying in bed wearing a hospital gown. During a review of Resident 1's Certified Nurse Assistant (CNA) task record titled Chair/Bed to Chair Transfer, dated 6/9/25 through 7/7/25, it indicated Resident 1 was not assisted to transfer out of bed on the following dates, with no refusal or reason for staying in bed documented: 6/16/25, 6/17/25, 6/18/25, 6/21/25, 6/22/25, 6/27/25, 6/30/25, and 7/3/25. During a telephone interview on 7/9/25 at 12:00 p.m. with Certified Nursing Assistant 3 (CNA 3), who often cared for Resident 1, CNA 3 stated Resident 1 had refused getting out of bed for weeks at a time. CNA 3 could not answer when asked how he documented these refusals. During a review of facility policy and procedure (P &amp; P) titled Resident Rights, dated 1/1/12, the P &amp; P indicated in order to facilitate Residents' choices, facility staff will inform (and regularly remind) the resident and family members of the resident's right to self-determination and participation in preferred activities, and residents are provided assistance as needed to engage in their preferred activities on a routine basis. During a review of Resident 1's CNA task record titled Shower TThSat (3 times weekly) PM Shift, dated 6/10/25 through 7/5/25, it indicated Resident 1 had a shower three times in 25 days, with no refusal or reason documented why a shower was not given as scheduled. During a review of Resident 1's Care Plan Report initiated 3/27/22, it indicated Resident 1 is totally dependent on nursing staff for bathing/showering and personal hygiene. During a review of facility P &amp; P titled Showering and Bathing, dated 1/1/12, it indicated a tub or shower bath is given to the residents to provide cleanliness, comfort and to prevent body odor. residents are given tub or shower baths unless contraindicated. observe the skin (sic) is performed during bath. During a review of Resident 1's CNA task record titled Nail Care, dated 6/9/25 through 7/7/25, it indicated Resident 1 had received nail care three times in 28 days, with the last date of care listed as 6/29/25. No refusals were documented. During a review of Resident 1's Care Plan Report initiated 3/27/22, the focus for potential impairment to skin integrity related to fragile skin lists the following intervention: avoid</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  07/09/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>(continued on next page)</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  07/09/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure two of nine sampled residents (Resident 1 and Resident 2) received treatment when the facility did not perform necessary incontinent (having no or insufficient voluntary control over urination or defecation) care and hygiene. This failure had the resulted in both Residents experiencing pain and discomfort, and the potential for new development or worsening of medical conditions. 1. During a review of Resident 1's admission Record (Face Sheet), it indicated the facility admitted Resident 1 on 1/27/18 with diagnoses including hemiplegia and hemiparesis (both involve weakness on one side of the body, but hemiplegia refers to complete paralysis, while hemiparesis refers to partial weakness) affecting the left side, major depressive disorder (a serious mental illness characterized by persistent sadness, loss of interest in activities, and other symptoms that significantly interfere with daily life), and cognitive social /emotional deficit (impairments in thinking, social interaction, or emotional processing) following cerebrovascular accident (a medical emergency where blood flow to the brain is interrupted, causing brain damage). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 5/14/25, the MDS indicated Resident 1 had a BIMS score (Brief Interview for Mental Status- a measure used to assess cognitive function, particularly in long-term care settings that helps identify cognitive [thinking, reasoning, remembering, imagining, learning words, and using language] impairment. Scores range from 0 to 15, with higher scores indicating better cognitive function) of 11, indicating moderate cognitive impairment. During a review of Residents 1's untitled physician's assessment dated [DATE], it indicated Resident 1 experienced recurrent urinary tract infections (UTI- a common infection that can affect any part of the urinary system, including the kidneys, bladder, ureters, and urethra), and lacked capacity to make her own decisions. During an interview on 7/8/25 at 10:25 a.m. with Resident 1, Resident 1 stated the area around her vagina was burning, because she sits in her urine and staff do not change her brief enough, and do not wash the area around her vagina well. During a review of Resident 1's Certified Nurse Assistant (CNA) task record titled Bladder Elimination, dated 6/9/25 through 7/7/25, it indicated the following: Staff checked Resident 1's brief two times in a 24-hour period on the following dates: 6/10/25, 6/11/25, 6/12/25, 6/13/25, 6/15/25, 6/17/25, 6/20/25 6/23/25, 6/24/25, 6/27/25, 6/30/25, 7/1/25, 7/3/25, and 7/4/25. Staff checked Resident 1's brief one time in a 24-hour period on the following dates: 6/16/25, 6/26/25 and 7/2/25. Staff did not check Resident 1's brief anytime in a 24-hour period on 6/14/25. During a review of Resident 1's lab results titled Novato Healthcare Center Lab Results Report dated 7/7/25, it indicated Resident 1 had contracted a urinary tract infection consisting of Escherichia coli (a group of bacteria that can cause infections in your gut (GI tract), urinary tract and other parts of your body) and Group B streptococcus (bacteria, which normally lives in the gastrointestinal and genital tracts of many people without causing harm) bacteria. During an interview on 7/8/25 and 2:45 p.m. with Resident 1's Physician Assistant (PA), the PA stated because of the laboratory results and Resident 1's report of urinary/vaginal burning and pain, antibiotic treatment was warranted and would begin right away. During a review of Resident 1's Care Plan Report, updated 1/27/24, it indicated the following interventions for mixed bladder incontinence (involuntary leakage of urine associated with both stress incontinence [leakage during physical activity or exertion] and urge incontinence (leakage after a sudden, strong urge to urinate)): The resident uses disposable briefs. Change when soiled and PRN (as needed). Check q(every) 2 hours and as required for incontinence. Wash with soap and water, rinse and dry perineum (the thin layer of skin between your genitals [vaginal opening or scrotum] and anus). Change clothing PRN (as needed) after incontinent episodes. 2. During a review of Resident 2's admission Record (Face Sheet), the admission Record indicated the facility admitted Resident 2 on 6/7/19 with diagnoses including multiple sclerosis (a chronic, often disabling disease of the central nervous system, specifically the brain and spinal cord), quadriplegia (a condition characterized by the paralysis of all four limbs and often the torso, resulting from damage to the spinal cord or brain), stage 3 pressure ulcer (a localized injury to the skin and underlying tissue, usually over a bony prominence, caused by prolonged pressure, friction, or shear) of left buttock, stage 4 pressure ulcer (characterized by full-thickness tissue loss, exposing muscle, tendon, or bone) of right buttock, chronic pain syndrome (a condition where pain persists or recurs for more than three months, significantly impacting daily life and often accompanied by emotional distress like depression or anxiety), and anxiety disorder (a group of mental health conditions characterized by excessive, persistent fear and worry that can significantly interfere with</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  07/09/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>(continued on next page)</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  07/09/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide the necessary services for two of nine sampled residents (Resident 1 and Resident 2) when call lights were not operational, not adaptively placed for a disabled resident, and were not answered for a period of two hours. This failure resulted in both residents experiencing pain, discomfort, and anxiety secondary to delayed incontinence (involuntary leakage of urine or stool) care. 1. During a review of Resident 1's admission Record (Face Sheet), printed 7/8/25, it indicated the facility admitted Resident 1 on 1/27/18 with diagnoses including hemiplegia and hemiparesis (both involve weakness on one side of the body, but hemiplegia refers to complete paralysis, while hemiparesis refers to partial weakness) affecting the left side, major depressive disorder (a serious mental illness characterized by persistent sadness, loss of interest in activities, and other symptoms that significantly interfere with daily life), and cognitive social /emotional deficit (impairments in thinking, social interaction, or emotional processing) following cerebrovascular accident (a medical emergency where blood flow to the brain is interrupted, causing brain damage). During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated 5/14/25, the MDS indicated Resident 1 had a BIMS score (Brief Interview for Mental Status-a measure used to assess cognitive function, particularly in long-term care settings that helps identify cognitive [thinking, reasoning, remembering, imagining, learning words, and using language] impairment. Scores range from 0 to 15, with higher scores indicating better cognitive function) of 11, indicating moderate cognitive impairment. During a concurrent interview and observation on 7/8/25 at 10:25 a.m. with Resident 1 at her bedside, Resident 1 stated the area around her vagina was burning, because she sits in her urine and staff do not change her brief enough, and do not clean the area around her vagina well. When asked if she had activated her call light for assistance, Resident 1 stated she did not know where the call light button was. Upon inspection, the call light button was found wrapped around the left bedrail and dangling to the floor. Resident 1 then asked for her call-light to be activated, however neither the light outside bedroom door nor at the nursing station panel illuminated. Staff were alerted, and after adjusting the call light cord/plug, maintenance staff got the call light to work again. During a concurrent interview and observation on 7/9/25 at 11:25 am with Resident 1 and Certified Nursing Assistant 1 (CNA 1) in Resident 1's bedroom, Resident 1's call light button was now atop her bed and bedding, but still on Resident 1's left side. Resident 1 was asked if she could move her left hand to grasp the call light, and she said she could not. When asked if CNA 1 thought Resident 1 could effectively use the call light since her left hand/arm was paralyzed, CNA 1 stated that Resident 1 probably could not. CNA 1 then immediately began to unwrap the call light button from the left handrail, moving it to Resident 1's right hand. 2. During a review of Resident 2's admission Record (Face Sheet), printed 7/8/25, the admission Record indicated the facility admitted Resident 2 on 6/7/19 with diagnoses including multiple sclerosis (a chronic, often disabling disease of the central nervous system, specifically the brain and spinal cord), quadriplegia (a condition characterized by the paralysis of all four limbs and often the torso, resulting from damage to the spinal cord or brain), stage 3 pressure ulcer (a localized injury to the skin and underlying tissue, usually over a bony prominence, caused by prolonged pressure, friction, or shear) of left buttock, stage 4 pressure ulcer (characterized by full-thickness tissue loss, exposing muscle, tendon, or bone) of right buttock, chronic pain syndrome (a condition where pain persists or recurs for more than three months, significantly impacting daily life and often accompanied by emotional distress like depression or anxiety), and anxiety disorder (a group of mental health conditions characterized by excessive, persistent fear and worry that can significantly interfere with daily life). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 1 had a BIMS score of 15, indicating no cognitive impairment. During an interview on 7/8/25 at 1:45 pm with Resident 2, Resident 2 indicated he had been waiting for someone to come change his brief and clean him up for two hours, stating he was very uncomfortable and was sitting in diarrhea. Resident 2 was very anxious and talking loudly, explaining after he activated his call button the CNA came in and was upset with him for sleeping too late in the day. Resident 2 stated two hours later no help came so he used his personal phone to call the facility's front desk to ask for help. The front desk receptionist (FDR) paged nursing staff over the building's loudspeaker to respond. Resident 2 stated this made him feel disrespected and ignored. During this interview, a CNA appeared at Resident 2's bedside with his lunch tray and stated she would get help and return to change and clean him. During an interview on 7/8/25 at 2:05 p.m. with the FDR the FDR stated it was not uncommon for</p>		