

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 08/28/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent one of six sampled residents (Resident 2) from being assaulted when Resident 1 hit Resident 2 on the back of her head. This failure resulted in Resident 2 feeling distressed and had the potential to result in Resident 2 experiencing feelings of fear and anxiety. A review of Resident 1's admission Record (AR), indicated the facility admitted Resident 1 on 6/19/25 with medical diagnoses which included end stage renal disease (a condition where the kidneys have permanently lost most of their function and can no longer adequately filter waste products and excess fluid from the blood) and vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain). A review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 5/14/25, indicated Resident 1's cognitive (the ability to think and process information) skills for daily decision making were intact. A review of Resident 2's AR indicated the facility admitted Resident 2 on 6/11/24 with medical diagnoses which included peripheral vascular disease (a condition that affects the blood vessels outside of the heart and brain and involves the arteries in the legs, arms, and feet), dementia (a group of conditions that cause a decline in cognitive abilities, such as memory, thinking, and reasoning, severe enough to interfere with daily life), anxiety disorder (disorders characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and depression (characterized by persistent feelings of sadness, loss of interest, and other symptoms that interfere with daily life). A review of Resident 2's MDS, dated [DATE] indicated Resident 2's cognitive skills for daily decision making were moderately impaired (inattention/disorganized thinking). A review of Resident 2's Progress Notes, dated 7/24/25, indicated Resident 2 reported to staff an altercation with Resident 1 the night prior, in which Resident [Resident 2] spilled hot chocolate on roommate [Resident 1] and her roommate [Resident 1] in turn smacked the back of her [Resident 2's] head. During an interview on 8/27/25 at 11:30 a.m., with Resident 2, in the facility dining room, Resident 2 stated she was distressed when Resident 1 hit her. During an interview on 8/27/25 at 12:00 p.m. with Resident 1 in her bedroom, Resident 1 confirmed she hit Resident 2 and stated Resident 2 deserved it for calling her names. During an interview on 8/28/25 at 3:00 p.m. with the Director of Nursing (DON), the DON stated that there had been recent changes in nursing leadership and facility management. The DON stated improving resident assessment and preparatory care-planning was important to avoid altercations between residents such as this one. During a review of the facility's Policy and Procedure (P&P) titled, Abuse Prevention and Management, last revised on 5/30/24, the P&P indicated, Prevention: The facility identifies, corrects and intervenes in situations in which abuse, neglect, exploitation, misappropriation of resident property and/or mistreatment is more likely to occur.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555844
		If continuation sheet Page 1 of 3

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>(continued on next page)</p>		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of six sampled residents (Resident 3) received a federally required PASSR (Preadmission Screening and Resident Review - a federal requirement ensuring individuals with serious mental illness, intellectual disabilities, or related conditions are not inappropriately placed in Medicaid-certified nursing facilities and receive appropriate services) evaluation. This failure excluded Resident 3 from a complete mental health evaluation for appropriate facility placement, and non-receipt of available mental-health resources from the California Department of Developmental Services (DDS). A review of Resident 3's, admission Record (AR), indicated Resident 3 was originally admitted to the facility on [DATE], with medical diagnoses which included metabolic encephalopathy (the brain does not function properly due to underlying metabolic disturbances) cognitive communication deficit (difficulty with communication skills that results from impaired thinking abilities, such as memory, attention, and executive functions like planning and organization), and schizoaffective disorder (a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations [false perceptions of sensory experiences] or delusions [false beliefs]). A review of Resident 3's Minimum Data Set (MDS-An assessment tool) dated 7/22/25 indicated Resident 3's Brief Interview of Mental Status (BIMS-a tool used in nursing homes and long-term care facilities to assess and monitor cognitive function [the mental processes human brains use to acquire, store, process, and utilize information], with scores ranging from 0 to 15, where higher scores indicate better cognitive function) score of 12, indicating moderate cognitive impairment. A review of Resident 3's MDS-I (active diagnoses), dated 7/17/25 indicated Resident 3's current medical diagnoses included schizophrenia (a mental disorder characterized variously by hallucinations, delusions, disorganized thinking or behavior). A review of Resident 3's, Order Summary Report, dated 8/28/25, indicated Resident 3 currently received Zyprexa 5 milligrams (A medication to treat mental health conditions such as schizophrenia and bipolar disorder) one time a day for schizophrenia manifested by hallucinations. A review of Resident 3's California Department of Health Care Services (DCHS) PASSR Level 1 Screening, dated 7/28/25, indicated Resident 3 was diagnosed with a serious mental illness and was receiving psychotropic (drugs that affect a person's mental state) medications. This document indicated a PASSR Level 2 (its purpose is to confirm a diagnosis, determine if a nursing facility stay is medically necessary, and identify if the individual requires specialized services beyond what the facility normally provides. The evaluation helps ensure people are not inappropriately placed in nursing homes and receive services in the most integrated setting possible) screening was required. A review of DHCS mail correspondence to the facility, dated 8/02/25, indicated a PASSR level 2 was not completed for Resident 4 due to Facility staff were unresponsive to two or more separate attempts of communication within 48 hours of the Level 1 screening. During an interview on 8/28/25 at 1:45 p.m. with the MDS Nurse (MDSN), she stated PASSR's were filled out by acute care hospitals as a requirement before admissions to long-term care facilities. The MDSN stated it was his responsibility to ensure PASSR's were completed correctly but he had only been in this professional role for about a month. When asked if and when a PASSR would need to be corrected by the facility, the MDSN was unsure at first. After consulting with management, the MDSN stated PASSR's would be redone during annual MDS completion, if there was a change in the resident's condition, or when it was required by Medicaid (a public health insurance program which provides needed health care services for low-income individuals). When asked what would be done if a new resident presented with symptoms of a mental illness that was not reflected in the PASSR, the MDSN stated the resident would be referred for a psychiatric consult, but the MDSN was unsure if that would prompt a new PASSR process to start. During an interview on 8/28/25 at 2:30 p.m. with the Director of Nursing (DON), the DON stated there had recently been changes made in the administration and management of the facility; stating the DON, the MDS nurse (MDSN), and admissions staff were working on ensuring potential new residents were accurately screened for mental health and developmental delays. The DON stated for various reasons, Level 1 PASSR's were often not correctly completed by acute care hospitals, and this put facility residents at risk for physical or mental harm. The DON also stated residents who were not appropriately screened for mental or developmental issues might not receive appropriate oversight from the Department of Developmental Services (DDS). During a review of facility policy and procedure (P & P) titled, Pre-admission Screening Resident Review (PASRR), dated 4/25/24 indicated POLICY: The acute care hospital must complete a PASSR Level 1 and coordinate</p>		