

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 03/25/2026
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and records review, the facility failed to provide appropriate treatment and services to increase range of motion (the full distance and direction a joint, such as a knee, shoulder, or neck, can move, measured in flexibility and functionality) for one of three sampled residents (Resident 1), when Resident 1 was referred to the restorative nursing program (RNP, nursing led program in long-term care that helps residents maintain or improve their independence after formal therapy ends) but the facility failed to ensure an order had been obtained and RNP services were initiated. This failure had the potential to result in worsening of stiffening of joints of Resident 1's left hand and painful movements. Findings: A review of Resident 1's face sheet (front page of the chart that contains a summary of basic information about the resident), indicated she was first admitted to the facility on [DATE] for diagnoses including paralysis (loss of muscle control and sometimes loss of sensation) from the neck down including legs and arms, stiffening/shortening of the joints of the left hands (that reduces the joints' range of motion), and stiffness of left hip, both knees, and both ankles. During a review of Resident 1's Occupational Therapy Discharge summary, dated [DATE], signed by the Occupational Therapist (OT, a healthcare professional who helps people regain or improve their independence in daily activities following illness, injury, or disability), the discharge summary indicated Resident 1 should be referred to RNP for both arms and legs, moving joints gently without effort (passive range of motion) assisted by a restorative nursing assistant (RNA, an advanced Certified Nursing Assistant who is trained to help and guide patients through exercises and daily activities like walking or dressing to regain their independence after an illness or injury and restore physical function and mobility), application and removal of splint (strip of rigid material used for supporting and immobilizing a joint) to the right hand and palm protector to the left hand. A review of Resident 1's medical record on daily activities did not show documentation of any RNP activities. During an interview on 3/25/26 at 3:04 p.m., the Director of Rehabilitation (DOR) confirmed Resident 1's RNP referral/order was not completed. The DOR stated there was a new process for how the RNP orders for residents will be processed. The DOR explained she will initiate the order for RNP and then the Director of Nursing (DON) will confirm and obtain the order from the physician. Both Rehabilitation and Nursing departments will work together to get the RNP to proceed as planned. During a concurrent interview and record review on 3/25/26 at 4:57 p.m., with the Medical Records Assistant (MRA), Resident 1's medical record was reviewed. The MRA confirmed she could not find an order for Resident 1's recommended RNP or that Resident 1's RNP had been initiated. During an interview on 3/25/26 at 5:22 p.m., Licensed Nurse S (LN S) indicated she does not know the process of how an RNP referral is handled, but stated there should be an order for a resident to be on RNP if recommended. During an interview on 3/25/26 at 5:26 p.m., LN W stated if a resident was supposed to be on RNP there should be an order for the RNP to initiate services. During a concurrent interview and review on 3/25/26 at 5:40 p.m. with OT D, Resident 1's Occupational Therapy Discharge summary, dated [DATE], was reviewed. OT D confirmed the discharge summary indicated Resident 1 was to be referred to RNP for three sessions a week. OT D stated she gave the referral to the (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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>DOR. During a concurrent interview and record review on 3/25/26 at 5:52 p.m., with the DON, the facility policy on Restorative Nursing Program, dated 1/30/26, was reviewed. The DON stated she expected the Rehabilitation Department would write the RNP order, the Nursing Department then confirms the order, makes the plan of care and adds in the RNP tasks in the facility's electronic medical record of the resident. A review of the facility's policy titled, Restorative Nursing Program, effective 1/30/2026, indicated, The Nursing department is responsible for initiating and updating of the Restorative Nursing (RNA) Program plan of care. The policy did not specify the process of how an RNA order is generated from the time the referral from the Rehabilitation Department was issued. The policy did not identify the role and activities the Rehabilitation and Nursing department should perform to initiate an RNP for a resident.</p>		