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	04/16/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and record review, the facility nurses failed to ensure one resident (Resident 1) of seven sampled residents received adequate assistance with her Activities of Daily Living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) when showers/ bed baths were not provided as scheduled.This failure decreased the facility's potential to ensure resident hygiene.Findings:A review of Resident 1's admission record indicated she was admitted to the facility in October 2025 with the diagnoses of severe sepsis (a life-threatening medical emergency caused by the body's extreme, dysfunctional response to an infection, leading to tissue damage and organ failure).A review of Resident 1's ADL care plan initiated on 10/30/25 indicated Resident 1 was dependent on staff to carry out and ensure her personal hygiene and bathing.A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 2/4/26, indicated Resident 1 had severe memory impairment and was totally dependent on staff for bathing.A review of the facility's shower schedule indicated Resident 1 was to receive a shower on Mondays and Thursdays during the evening (PM) shift. The schedule further indicated each resident was to be offered a shower the following day if the resident refused the shower on their scheduled day.In an interview on 4/14/26 at 12:38 p.m., Certified Nursing Assistant 1 (CNA 1) stated she was responsible for giving residents showers every day, but it was difficult to get her tasks done in a day. CNA 1 also stated, People are always there to help if they can, but everyone is busy.In an interview on 4/14/26 at 3:14 p.m. with the Medical Records Director (MRD), the MRD stated she could not find Resident 1's shower sheets between November 2025 and March 2026.On 4/15/26 at 1:57 p.m. and 6:55 p.m., the MRD Assistant emailed this surveyor Resident 1's shower sheets and indicated she would continue to look for missing shower documentation.On 4/15/26 a review of Resident 1's shower sheets indicated:November 2025 indicated Resident 1 received five out of eight showers for the entire month.December 2025 indicated Resident 1 received two out of nine showers for the entire month.January 2026 indicated Resident 1 had received one out of nine showers for the entire month.February 2026 was requested but not provided. Resident 1 was hospitalized for 20 days however when Resident 1 was at the facility, Resident 1 missed two shower opportunities.March 2026 indicated Resident 1 received one of two showers on the first week of the month.Further review of these shower sheets indicated Resident 1 refused a shower once.In an interview with the Director of Nursing (DON) on 4/16/26 at 10:28 a.m., the DON stated it was her expectation that residents were offered showers or bed baths twice a week. The DON stated failure to do this would put the residents at risk for skin issues, urinary tract infections and skin infections.A review of the facility's policy titled, Showering and Bathing, revised January 2012, indicated, A tub or shower bath is given to the residents to provide cleanliness, comfort and to prevent body odors .Residents are given tub or shower baths unless contraindicated .Update the resident's Care Plan as needed.

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
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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	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the medical records staff failed to maintain complete, readily accessible, and systematically organized medical records for one resident (Resident 1) of seven sampled residents when medical records staff were unable to locate Resident 1's shower sheets.This failure decreased the facility's potential to ensure resident medical records were complete and accessible upon request.A review of Resident 1's admission record indicated she was admitted to the facility in October 2025 with the diagnoses of severe sepsis (a life-threatening blood infection).A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 2/4/26, indicated Resident 1 had severe memory impairment.On 4/14/26 at 1:58 p.m., this surveyor requested to review Resident 1's shower sheets dated November 2025 to March 2026.In an interview with the Medical Records Director (MRD) on 4/14/26 at 3:14 p.m., the MRD stated she was unable to locate Resident 1's shower sheets. The MRD acknowledged shower sheets were part of a resident's medical records, should be available upon request, and that it was the facility's practice to have records readily available. In an interview with the Director of Nursing (DON) and the Administrator (ADMIN) on 4/14/26 at 3:19 p.m., the DON and ADMIN both confirmed shower sheets were medical records, and it was their expectation the shower sheets would be available. The ADMIN notified this surveyor, You will have them [the shower sheets] tomorrow.A review of an email sent to this surveyor from the Medical Records Assistant (MRA) received on 4/15/26 at 12:35 p.m. contained Resident 1's November and December 2025 shower sheets. When inquired about January, February and March's shower sheets, the MRA stated, We will continue to check the overflow records in the storage room. A second email from the MRA received on 4/15/26 at 6:55 p.m. contained Resident 1's January and March 2026 shower sheets, but February 2026 had still not been located.A review of the facility's policy titled, Storage and Destruction of the Designated Record Set, revised 12/1/12, indicated, The Facility will maintain accurate and complete medical and billing records for each Facility residents [sic].