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	05/06/2026

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect one of five sampled residents (Resident 1) from physical and verbal abuse when Resident 2 struck Resident 1's left arm and yelled insults at him after an accident involving both residents on 5/01/26.This failure had the potential to result in Resident 1 experiencing post-incident pain, as well as possible feelings of fear about other residents residing in the facility. A review of Resident 1's Face Sheet, dated 5/05/26, indicated he was admitted to the facility on [DATE] with diagnoses including respiratory failure (when the lungs can't get enough oxygen into the blood, making breathing difficult), dementia (decline in memory, reasoning, and communication caused by progressive brain cell damage), and depression (serious mood disorder causing persistent sadness, loss of interest, and functional impairment).A review of Resident 1's Minimum Data Set (MDS-a standardized assessment tool used in nursing homes), dated 4/26/26, indicated Resident 1 had a Brief Interview for Mental Status (BIMS- a short test used to check a person's memory and thinking) score of 3 of 15 points possible, indicating severe cognitive impairment.A review of Resident 2's Face Sheet, dated 5/05/26, indicated she was admitted to the facility on [DATE], with diagnoses including hemiplegia and hemiparesis (hemiparesis indicates weakness on one side of the body; hemiplegia indicates partial or total paralysis), auditory hallucinations (the perception of sounds or voices that are not actually present, often caused by mental health conditions), and dementia.A review of Resident 2's MDS, dated [DATE], indicated he had a BIMS score of 13 of 15 points possible, indicating intact cognitive functioning.A review of facility Social Services Progress Note, dated 5/1/26 at 3:26 p.m., indicated, [Resident 2] was in close proximity to [Resident 1], actively pulling her fist back from an outward motion, directed towards [Resident 1's] arm, suggesting that physical contact had just occurred. Immediately following this, [Resident 2] raised her voice and stated, you ran over my foot, you asshole. In response, [Resident 1] replied, I'm sorry, I didn't mean to indicating that the incident may have stemmed from an accidental action.A review of facility Psychosocial Progress Note, dated 5/4/26 at 5:04 p.m., indicated Resident 2, expressed her remorse for her reaction and acknowledged it was not appropriate.During an interview on 5/05/26 at 3:26 p.m. with Central Supply Staff (CSS), CSS indicated on 5/01/26 at approximately 1 p.m., while he was delivering supplies to resident areas, he saw Resident 2 hit Resident 1's upper outer arm with her fist, while yelling at him. Resident 1 immediately apologized and left the area.A review of facility policy and procedure (P & P) titled, Abuse Prevention and Management, dated 5/30/24, indicated, Abuse is defined as the willful, deliberate infliction of injury.verbal abuse is defined as any oral, written, gestured communication, or sounds that willfully includes disparaging and derogatory terms directed to resident within their hearing distance, regardless of age, ability to comprehend, or disability.physical abuse is defined as, but not limited to, hitting, slapping, punching, and/or kicking.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.

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