

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/22/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide or obtain physician-ordered diagnostic services for one (1) of four (4) sampled residents (Resident 1), when a nephrology (the medical specialty focused on kidney care) consult had not been arranged within 30 days of the order date. This failure had the potential to place Resident 1 at risk for unmet clinical needs and a decline in condition. A review of Resident 1's Face Sheet (a facility demographic), dated 7/21/26, indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including diabetes (a condition that happens when your blood sugar (glucose) is too high), neuromuscular dysfunction of bladder (a loss of bladder control caused by brain, spinal cord, or nerve damage), and history of urinary (bladder) tract infections. A review of Resident 1's Minimum Data Set (MDS, a federally mandated clinical assessment tool used in all Medicare and Medicaid-certified nursing homes to evaluate a resident's functional abilities and healthcare needs), dated 6/1/26, indicated Resident 1 had intact cognitive function (your brain's mental processes are functioning without impairment, allowing for normal, independent everyday activities). Resident 1's active medical conditions included renal (kidney) insufficiency, renal failure or end-stage renal disease. A review of Resident 1's Order Summary Report, dated 7/21/26, indicated the facility physician ordered a nephrology referral secondary to CKD [chronic kidney disease, a long-term condition where the kidneys are damaged and gradually lose their ability to filter blood and remove waste products from the body] stage 4 on 6/12/26. During an interview on 7/21/26 at 10:15 a.m. with Resident 1, she stated she requested an appointment with a kidney doctor and a urologist but had not seen either in a year or more. She stated she was concerned about having to use a catheter to urinate (empty her bladder), and her overall condition was getting worse. Resident 1 stated this caused her anxiety about plans to leave the facility and manage her health independently in the future. During an interview on 7/22/26 at 1 p.m., evidence that a nephrology appointment had been arranged was requested but was not received. During an interview on 7/22/26 at 2 p.m. with the Social Services Director (SSD), she stated she was responsible for making appointments with outside medical providers when ordered by the facility physician. The SSD stated that unless notified by the nursing department that a referral was urgent, when becoming aware of a medical referral request, she would make the appointment within 30 days. When asked how she became aware of non-urgent referrals, the SSD stated this was usually discovered during quarterly (every three months) IDT (interdisciplinary team, refers to a coordinated group of healthcare professionals from different clinical and support specialties who work collaboratively to assess, plan, and manage the overall care of a patient or resident) meetings. During a review of facility policy and procedure titled, Referral to Outside Services, dated 6/9/26, it indicated, the Social Services Director/Designee is responsible for identifying agencies and programs that meet the needs of residents and making referrals to existing contracted providers for community based medical (continued on next page)		

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	appointments, a nursing designee shall assist the Director of Social Services in identifying appropriate providers and coordinating appointments.referrals require a Provider order.		