

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 07/30/2026
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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation interviews and record review, the facility failed to ensure the required daily patient census and actual direct care service hours per patient day information was posted for 7/29/26 for a facility census of 178. The facility only displayed the estimated direct care service hours per patient day form dated, 7/30/26, and did not display actual direct care service hours provided to residents for the day prior on 7/29/26. The facility's failure to post the required daily patient census and actual direct care service hours per patient day information prevented residents, residents' representatives, staff, and members of the public from having access to current staffing information as required by law. During an interview on 7/29/26, at 11:40 a.m., the Administrator (ADM) stated the required daily census and direct care service hours per patient day (DHPPD) forms were posted by the Facility's Scheduler (FS), in the evening, before leaving the facility, and confirmed the ADM was the FS's direct supervisor. During an observation on 7/30/26 at 1:19 p.m. of the facility's designated staffing information posting location located in a hallway around the corner from the front lobby area, on a wall display cabinet behind glass, revealed the posted DHPPD form dated 7/30/26, containing a DHPPD form dated 7/30/26 displaying the estimated direct care service hours per patient day. The required DHPPD form reflecting the facility's average daily census and actual direct care service hours calculations for 7/29/26, was not displayed. During an interview on 7/30/26 at 1:24 p.m., the FS confirmed her direct supervisor was the ADM, who had instructed her to post the DHPPD form displaying the following day's daily census and estimated direct care service hours, daily, in the facility display cabinet prior to the end of shift, before leaving the facility. The FS confirmed the DHPPD form dated 7/29/26, displaying the facility's average daily census calculation and the actual direct care service hours calculation for 7/29/26, was not posted in the display cabinet. The FS said the ADM had never instructed her to post the previous day's DHPPD form containing the average daily census and actual direct care service hours calculations information at the bottom of the form, so the FS did not post that information daily. During an interview on 7/30/26 at 1:50 p.m., the director of nursing (DON) confirmed the required DHPPD form displaying the average daily census and actual direct care service hours per patient day calculations for 7/29/26, was not posted in the facility. The DON acknowledged the DHPPD form displaying the previous day's average daily census and actual direct care service hours calculations information must be posted daily. During a review of the facility's policy and procedure titled, Nursing Department - Staffing, Scheduling & Postings revised July 2018, indicated, Nurse Staffing Postings. The Facility will post the following information on a daily basis. Facility name. The current date. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift. a. Registered Nurses. b. Licensed Practical Nurses or Licensed Vocational Nurses. c. Certified Nurse Aides. d. Resident Census. B. Posting requirements. The Facility will post the nurse staffing data specified above, on a daily basis at the beginning of each shift. Data must be (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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	posted as follows . a. Clear and readable format. b. In a prominent place readily accessible to residents and visitors.		