

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207, and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503

State Form: Revisit Report

12/7/2012

(Y1) Provider / Supplier / CLIA / Identification Number 555844	(Y2) Multiple Construction A. Building _____ B. Wing _____	(Y3) Date of Revisit <b>1/7/13</b> CITATION #: 110009322
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Name of Facility Novato Healthcare Center	Street Address, City, State, Zip Code 1565 Hill Rd, Novato, CA 94947-4063
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This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form)

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix F323	Correction Completed				
Reg # _____					
LSC _____	<b>1/7/13</b>				

**COPY**

Reviewed By <input checked="" type="checkbox"/>	Reviewed By <i>[Signature]</i>	Date: <b>1/8/13</b>	Signature of Surveyor: <i>[Signature]</i>	Date: <b>1-8-13</b>
State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By				
CMS RO				

Follow-up to Survey Completed on: 02/16/2011 V# 15HC11

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2667) Sent to the Facility? YES NO

SECTION 1424 NOTICE

CITATION NUMBER: 11-2259-0009322-F

Date: 12/07/2012 Time: 11:40 AM  
12:40 PM

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Type of Visit : Complaint Investig.  
Incident/Complaint No.(s) : CA00257346

Licensee Name: Novato Healthcare Center, LLC  
Address: 5120 W. Goldleaf Circle, Suite 400 Los Angeles, CA 90056  
License Number: 010000355 Type of Ownership: Limited Liability Company

Facility Name: Novato Healthcare Center  
Address: 1565 Hill Rd Novato, CA 94947  
Telephone: (415) 897-6161  
Facility Type: Skilled Nursing Facility Capacity: 181  
Facility ID: 010000940

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT \$1,000.00	DEADLINE FOR COMPLIANCE 1/7/13 5:00 p.m.
F323	<p><b>CLASS B CITATION -- PATIENT CARE</b></p> <p>F323 §483.25(h) Accidents &amp; Supervision</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>The facility violated the regulation when facility staff did not monitor Resident 1 when the diet order was changed and a swallow evaluation was ordered by the physician, two days prior to Resident 1 choking on a large piece of an orange, resulting in Resident 1 being sent to an acute care facility when she (choked) on a large piece of an orange.</p> <p>Review of Resident 1's clinical record on 2/11/11 at 11 a.m., revealed Resident 1 was admitted to the facility on 4/25/08. A minimum data set (MDS) assessment tool, dated 10/23/09, indicated Resident 1 had long and short term memory problems and required supervision while eating.</p> <p>During an interview and concurrent record review on 2/15/11 at 11:55 a.m., Licensed Nurse (LN) B reviewed a Change in Condition (CIC) assessment, dated 3/19/10, and stated Resident 1 was sitting in front of the nurse's station on 3/19/10 at 11:50 a.m. when he (LN B) noticed Resident 1 was pale and weak. The CIC indicated the Oxygen content of Resident 1's blood was 87 - 88%. LN B stated he called Resident 1's</p>		

Name of Evaluator:  
Jan Hale  
HFEN

*Jan Hale HFEN*  
*Beth E. Hale HFEN*

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature: *[Signature]*  
Name: Darron Tceude  
Title: Administrator

Evaluator Signature:

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

SECTION 1424 NOTICE

CITATION NUMBER: 11-2259-0009322-F

Date: 12/07/2012 Time: *11:40 AM*

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	<p>physician and received an order to keep the Oxygen content of Resident 1's blood above 90%. LN B stated Resident 1 spat at LN B, Certified Nursing Assistant (CNA) F, and the floor. LN B further stated CNA F tried to feed Resident 1 at lunch but Resident 1 refused and continued to spit. CNA F checked the Oxygen content of Resident 1's blood a second time and it was, "Still in the 86, 87, 88% range." LN B stated Resident 1 was sent to the acute care hospital via 911. LN B reviewed physician orders and stated Resident 1 was on a mechanical soft diet (dated 3/17/10) two days before Resident 1 turned pale and weak.</p> <p>An acute care emergency department (ED) note, dated 3/19/10, indicated Resident 1 suffered a hypoxic (insufficient Oxygen in the blood) event from a large piece of an orange obstructing her airway that was unrecognized by staff at the Skilled Nursing Facility (SNF). The ED note indicated paramedics removed the piece of orange from Resident 1's mouth when they arrived at the skilled nursing (SNF) facility. The ED note further indicated the Oxygen content of Resident 1's blood on room air was 97%, without hypoxia, and Resident 1 did not show signs of airway obstruction or distress after the slice of orange was removed from Resident 1's airway.</p> <p>During an interview and concurrent record review on 2/15/11 at 1:15 p.m., the Speech Language Pathologist (SLP) reviewed physician orders:</p> <ol style="list-style-type: none"> <li>1. Change to mechanical soft diet, NAS, fortified, dated 3/17/10 (Wednesday, two days before Resident 1 choked on a slice of orange).</li> <li>2. Refer to SLP for screen, dated 3/17/10, two days before Resident 1 choked on a slice of orange.</li> <li>3. SLP evaluation and treatment secondary to choking, dated 3/19/10.</li> <li>4. Check Oxygen saturation (Oxygen content of blood) every shift for three days, dated 3/19/10.</li> <li>5. Send to acute care emergency room via 911 for further evaluation and treatment, dated 3/19/10.</li> <li>6. D/C mechanical soft diet, dated 3/19/10.</li> <li>7. Puree, NAS, fortified diet, dated 3/19/10.</li> <li>8. SLP clarification order: SLP three times per week for four weeks for diet strategy/trials, safety assessment, following directions, recall, training / education, dated 3/23/10, six days after Resident 1 choked and the SLP evaluation order, dated 3/17/10.</li> </ol> <p>A rehabilitation notification form for a SLP evaluation and new treatment orders, for</p>

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SECTION 1424 NOTICE

CITATION NUMBER: 11-2259-0009322-F

Date: 12/07/2012 Time: 12:40

1140 BHE  
1240

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	<p>choking was dated 3/19/10, two days after the physician order for SLP screen, dated 3/17/12.</p> <p>The SLP stated Resident 1 was on a mechanical soft diet, NAS, fortified on 3/19/10 when Resident 1 choked. The SLP stated she did not receive a referral for a swallow evaluation per the physician order, SLP for screen on 3/17/12, and did not perform a swallow evaluation until 3/23/10, after Resident 1 returned from the acute care hospital for choking. The SLP stated Resident 1 had dysphagia and orange slices were not part of a mechanical soft diet.</p> <p>During an interview and concurrent document review on 2/15/11 at 3:40 p.m., the Dietary Supervisor (DS) stated the cycle 2 menu reflected the same diets served during the week of 3/14/10 - 3/20/10. The DS stated canned fresh oranges were not part of the mechanical soft diet.</p> <p>During an interview on 2/15/11 at 4:40 p.m., the Director of Nursing (DON) stated she expected licensed nurses to follow up and monitor residents when a diet order was changed. The DON further stated SLP evaluations were to be completed within 24 hours of the physician order.</p> <p>Therefore the facility violated the regulation when facility staff did not monitor Resident 1 when the diet order was changed and a swallow evaluation was ordered by the physician, two days prior to Resident 1 choking on a large piece of an orange, resulting in Resident 1 being sent to an acute care facility when she (choked) on a large piece of an orange.</p> <p>This failure had a direct or immediate relationship to the health safety and security of Resident 1.</p>

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**CIVIL MONEY PENALTY ASSESSMENT**

Facility : Novato Healthcare Center

DATE	CITATION #	CLASS	PENALTY ASSESSED	TOTAL DUE
12/07/2012	11-2259-0009322-F	B	\$1,000.00	\$1,000.00
<b>SECTION(S) VIOLATED</b>				
F323				

This citation has been issued as a Class B.

Full Payment Due By : 01/06/2013

**PAYMENT OPTIONS**

Per Health and Safety Code, Section 1428.1, licensee may pay 65% of the amount shown above in the "Total Due" within 15 business days after issuance of this citation, or the minimum amount defined by law, whichever is greater in lieu of contesting the citation (Class B Citation penalty minimum amount defined by law is \$100). If licensee chooses not to exercise the 65% / 15 business day option, the full amount is due.

**Make Check Payable To:**  
 Department of Public Health  
 Include Citation Number

**Mailing Address:**  
 Licensing and Certification Program  
 Grant & Fiscal Assessment Unit  
 P.O. Box 189190  
 Sacramento, CA 95818-9190  
 (916) 322-2118

**COLLECTION OF DELINQUENT PAYMENTS**

CDPH will pursue collection of delinquent payments, including, but not limited to Medi-Cal offset (per Health & Safety Code, Section 1426) This will result in withholding of the licensee's Medi-Cal payments until the full amount of the citation is collected. In order to present a valid objection to the use of Medi-Cal offset, please contact the Grant and Fiscal Assessment Unit at the address listed above.

**CONTESTING A CLASS B CITATION**

A licensee may contest a class "B" citation or penalty assessment before an Administrative Law Judge or have the matter submitted to binding arbitration. (Health and Safety Code Section 1428.)

To contest a class "B" citation or penalty assessment, a licensee must send written notification to the Department advising of its intent either to adjudicate the validity of the citation before an Administrative Law Judge or to submit the matter to binding arbitration. (Health and Safety Code Section 1428.)

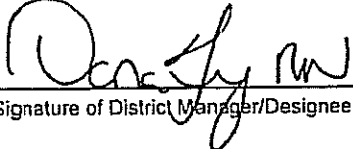
Please note, effective January 1, 2012, Assembly Bill No. 641 (Chapter 729, Statutes of 2011) amended Health and Safety Code Section 1428 to repeal the citation review conference process for "B" citations issued on or after January 1, 2012. Therefore, if a licensee exercised its right to a citation review conference prior to January 1, 2012, the citation review conference and all notices, reviews, and appeals thereof shall be conducted pursuant to Section 1428 as it read on December 31, 2011.

The citation review conference process is no longer available to a licensee for citations issued on or after January 1, 2012.

Any written notification must be sent to the district office that issued the citation and must be postmarked within fifteen (15) business days after the service of the citation. Please submit written notification to:

Department of Public Health  
Licensing & Certification Program  
Santa Rosa/Redwood Coast District Office  
2170 Northpoint Parkway  
Santa Rosa, CA 95407

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Signature of District Manager/Designee

12/7/12  
Date