STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055922	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courtyard Health Care Center	1850 East 8th Street Davis, CA 95616

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview and record review, the facility failed to administer insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) as prescribed for one of three sampled residents (Resident 3). This failure had the potential for ineffective drug therapy. Findings: A review of Resident 3 ' s admission record indicated she was admitted to the facility 2/26/25 with diagnoses that included diabetes (blood sugar is too high) and orthopedic aftercare following surgical amputation. During a review of Resident 3's admission Minimum Data Set (MDS-a federally mandated assessment tool), dated 3/4/25, described Resident 1 as having clear speech, able to understand others, able to make herself understood and as having a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 (score of 13-15 indicated cognitively intact). During a review of Resident 3 ' s Order Summary Report for March 2025 contained a physician ' s order dated 2/26/25 for Novolin Insulin 90 units subcutaneously (under the skin) two times a day for diabetes. During a concurrent interview and record review on 3/26/25 at 9:48 a.m. with the Director of Nurses (DON), Resident 3 ' s medical record was reviewed. The DON confirmed Resident 3 had a physician ' s order for Novolin Insulin 90 units two times a day for diabetes. Resident 3 ' s March 2025 Medication Administration Record (MAR) was reviewed by the DON. The DON confirmed the initial boxes on 3/10/25 and 3/24/25 at 5:45 a.m. were left blank. The DON did not know why the initial boxes were left blank and confirmed there was no documentation in Resident 3 ' s clinical record as to why the initial boxes were left blank. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review with the DON, the DON confirmed Resident 3 ' s March 2025 MAR that on 3/6/25 at 4:30 p.m. the Licensed Nurse (LN) had documented a 4 in the initial box. The DON stated a 4 indicated the blood sugar was outside order parameter and the insulin was not given. The DON confirmed there was no physician ' s order for Resident 3 ' s Novolin insulin to be held for any parameters. During a concurrent interview and record review of Resident 3 ' s March 2025 MAR the DON also confirmed that on 3/11/25 at 4:30 p.m. the LN had documented a 5 in the initial box. The DON stated a 5 indicated medication was Hold/ See Progress Note. The DON indicated the LN created a progress note. Review of the Progress Note (Type: Orders-Administration Note) dated 3/11/25 at 4:37 p.m. the LN documented NovoLIN N Suspension 100 Units/ML (milliliter) Inject 90 unit subcutaneously two times a day for diabetes. Blood sugar is 123 and its low to give 90 unit Novolin. The DON confirmed there was no physician ' s order for Resident 3 ' s Novolin insulin to be held for any parameters. During a review of the facility ' s policy and procedure (P&P) titled, Medication Administration and Management, revised 06/2022, indicated, The authorized licensed or certified/permitted medication aide or by state regulatory guidelines staff member follows the MAR prepared for the patient/resident by identifying the: .B. The Right Drug C. The Right Dose . Initials and signature verification of licensed or certified/permitted medication aide or by state regulatory guidelines staff administering medication are documented according to regulations.