

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055922	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2025
NAME OF PROVIDER OR SUPPLIER Courtyard Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to serve food in a sanitary manner for a census of 108 residents, when: Clean Utensils were found with food particles and water residuals and utensil holders had multiple small black particles; and Dietary Aide 3 (DA 3) did not wash hands before handling clean kitchenware. These failures had the potential to result in foodborne illness among vulnerable residents. Findings: 1. During a concurrent observation and interview on 9/8/25 at 11:05 a.m. with the Dietary Manager (DM) and Registered Dietician (RD), the kitchen's utensils and utensil holders were observed. Multiple small black particles were observed on the utensil holders. Three forks and three spoons had food particles and water residuals. DM and RD confirmed six utensils were dirty and stated clean utensils should have no food particles on it. DM further stated it was unsafe to use uncleaned utensils for residents. 2. During a concurrent observation and interview on 9/8/25 at 12:28 p.m. with DA 3, DA 3 was manually washing the kitchenware (containers) with soap and water. Next, DM removed the cleaned kitchenware from the dishwasher. DA 3 continued to wash more kitchenware from the dirty side. There was no hand hygiene observed before touching the cleaned kitchen containers. DA 3 confirmed he was the only one doing dishwashing and should have washed hands before touching the cleaned side of the dishwashing area. During an interview on 9/8/25 at 12:33 p.m. with the RD, RD stated there should be two people doing dishwashing at a time and DA 3 should have washed his hands before touching the clean side of the dishwashing area to prevent contamination. A review of the facility's undated policy and procedure titled, Dishwashing, indicated, All dishes will be properly sanitized through the dishwasher. Gross food particles shall be removed by careful scraping and pre-rinsing in running water. Flatware is to be pre-soaked in a solution of water and detergent per manufacturer's instructions. Pay close attention to prevent cross-contamination of workers going from handling dirty dishes and then clean. Wash hands and change gloves whenever cross-contamination occurs.</p>

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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