

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 02/02/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported within the required timeframe for one of three sampled residents (Resident 1) when Resident 1 reported to nursing staff that she was injured by facility staff during patient care. This failure of timely reporting had the potential to cause a delayed response by enforcement agencies to ensure resident safety. During a review of Resident 1's face sheet (a document containing patient information), Resident 1 was admitted to the facility in August 2025 with multiple diagnoses which included chronic kidney disease (decreased kidney function), Schizophrenia (mental health condition that affects how people think, feel and behave), and Bipolar Disorder (mental health condition that causes extreme mood swings). A review of Resident 1's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 1/21/26, indicated Resident 1 was cognitively intact. During a review of a facility's investigation document titled, 5 Day Summary from Abuse Investigation from Resident allegation of abuse on 1/14/2026, indicated, On 1/14 (1/14/26) at approximately 2330 (11:30 p.m.), a Charge Nurse noted purple and yellow tinted discoloration on residents right cheek. When interviewed resident stated that a Certified Nursing Assistant (CNA) assigned to her, hit her in the face and pulled her hair after she touched the CNA without notice. Resident unable to recall date and time of event and whom the assigned staff was. During a review of the facility's investigation documents contained an Interview Record, dated 1/15/26 that indicated CNA 2 was aware of Resident 1's abuse allegation on 1/13/26 but had not reported it. Review of the Interview Record, dated 1/15/26 indicated on 1/13/26 Resident 1 asked CNA 2 if she saw the bruise on Resident 1's face. CNA 2 stated, Yeah, what happened? Resident 1 stated the CNA in the middle of night last night hit me and pulled my hair. CNA 2 stated she didn't know what to do with the information and didn't believe Resident 1 because of the things she says, so she waited and asked Resident 1 again the next day Wednesday 1/14/26 and the story remained the same. During an interview on 2/2/26 at 10:58 a.m. with Resident 1 she stated the CNA thought she was acting out in aggression. The CNA grabbed her hands, hit me in my face and pulled my hair. Resident 1 was asked how this made her feel she stated, Scared me and hurt that they did that to me. During a telephone interview on 2/19/26 at 1:49 p.m. with the Executive Director (ED), he stated this was a reportable incident and his expectation would be for the staff member to report the allegation to their charge nurse within the required timeframe. During a review of the facility's policy and procedure (P&P) titled, Abuse: Prevention of and Prohibition Against, revised 8/2025 indicated, under the section Identification that Facility staff with knowledge of an actual or potential violation of this policy must report the violation to his or her supervisor or the Facility administrator immediately. The P&P also indicated under the section Reporting/Response that All allegations of abuse, neglect, misappropriation of resident property, or exploitation should be reported immediately to the Administrator.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055922	If continuation sheet Page 1 of 1