

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 02/10/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to ensure corrective action was taken to protect residents from abuse for two of six sampled residents (Resident 1 and Resident 2) when: The facility did not report the results of all investigations to California Department of Public Health (CDPH) within 5 working days for Resident 1 and Resident 2, and The facility did not do an assessment of Resident 2 after abuse allegations. These failures had the potential to result in ongoing abuse for Resident 1 and Resident 2. Findings: 1. During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was admitted to the facility in September 2025 with multiple diagnosis including surgical aftercare. During a review of Resident 2's Face, the Face Sheet indicated Resident 2 was admitted to the facility in December 2024 with multiple diagnosis including respiratory failure. During a review of the facility's incident reports received by CDPH on 1/26/26 and 1/28/26 respectively, the incident reports indicated Resident 1 and Resident 2 reported to staff that they were physically abused by a Certified Nursing Assistant (CNA). During a review of the facility's 5-day investigation report for the incident reports dated 1/26/26 and 1/28/26, CDPH received results of the 5-day investigation on 2/10/26, which was more than five working days. During an interview, on 2/10/26 at 1:34 p.m. with the Administrator (ADM), the ADM confirmed the facility had reported an allegation of abuse concerning Resident 1 on 1/26/26 and Resident 2 on 1/28/26 to CDPH and the results of the facility's investigation had not been provided to CDPH within 5 working days. During a review of the facility's policy and procedure (P&P) titled, Abuse: Prevention of and Prohibition Against, dated 11/2017, the P&P indicated, .allegation of abuse will be reported to State or Federal agencies in the applicable timeframes, per applicable regulations. 2. During a review of Resident 2's medical record, there was no documentation indicating Resident 2 was assessed by a nurse after allegations of abuse on 1/28/26. During an interview with the Director of Nursing (DON) on 2/10/26 at 12:00 p.m., DON confirmed an assessment for Resident 2 was not done after allegations of abuse on 1/28/26. DON stated the expectation was for an assessment to be done. During a review of the facility's P&P, titled Abuse: Prevention of and Prohibition Against, dated 11/2017, the P&P indicated, .a licensed nurse will immediately examine the resident upon receiving reports of alleged physical abuse. The findings of the examination shall be recorded in the resident's medical record.</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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