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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055922 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>04/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Courtyard Health Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1850 E. 8th Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the results of an abuse allegation investigation was reported within the required time frame for one (Resident 1) out of five sampled residents. Failure to report in a timely manner may delay state agency oversight and intervention potentially allowing on-going abuse and placing residents at risk for harm. Findings: Review of Resident 1's admission Record indicated Resident 1 was admitted [DATE] with several diagnosis including fracture of the right shoulder and end stage renal failure (a condition where the kidneys can no [NAME] filter waste, balance fluids or maintain electrolytes). Review of SBAR (SBAR-situation, background, assessment, a recommendation-a communication tool used by healthcare workers when there is a change in condition among residents) notes dated 4/13/26, the SBAR indicated, Resident and her roommate were in the lobby. Roommate was to load up for dialysis, and she was on the phone. They began cussing at each other. When resident was on the gurney leaving roommate punched resident on the body. During a concurrent interview and record review on 4/30/26 at 3:53 p.m. with the Administrator (ADM), review of an email sent to CDPH indicated the 5-day summary was sent on 4/21/26. The ADM confirmed that the SOC 341 was sent on 4/13/26 and the 5-day summary was sent on 4/21/26. ADM further stated that the expectation would be that the results of abuse allegation investigation should be sent in 5 business days. During a review of the facility's policy and procedure (P&amp;P) titled, Reporting Alleged Violations of Abuse, Neglect, Exploitation or Mistreatment, revision dated 8/2025, the P&amp;P guidance indicated, .Results of all investigations of alleged violations - [report] within 5 working days of the incident.</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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