

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/11/2026
NAME OF PROVIDER OR SUPPLIER Courtyard Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 E. 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect the resident's right to be free from abuse for one of five sampled residents (Resident 2) when facility staff witnessed Resident 1 hit Resident 2. This failure resulted in Resident 2 not being free from abuse and had the potential for Resident 2 to be harmed. Findings: During a review of Resident 1's clinical record, Resident 1 had been admitted in June 2022 with diagnoses that included dementia (a progressive state of decline in mental abilities), anxiety (an intense, excessive, and persistent feeling of fear, dread, or uneasiness), and psychosis (a collection of symptoms characterized by a loss of contact with reality). During a review of Resident 1's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 4/22/26, Resident 1 had a Brief Interview for Mental Status (BIMS-a tool to assess cognition) score of 0 out of 15, which indicated Resident 1 had severely impaired cognition. During a review of Resident 2's clinical record, Resident 2 had been admitted in July 2021 with diagnoses that included dementia, anxiety, bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements). During a review of Resident 2's MDS, dated [DATE], Resident 2 had a BIMS score of 0 out of 15, which indicated Resident 2 had severely impaired cognition. During a concurrent review of Resident 1 and Resident 2's progress note, dated 5/16/26, the progress notes indicated Resident 1 and Resident 2 had been involved in an altercation (a noisy argument or disagreement). Facility staff witnessed Resident 1 hit Resident 2 in the back with a closed hand. During an interview on 6/11/26 at 9:32 a.m. with Resident 2, Resident 2 confirmed he had been hit in the back by another resident and stated he felt angry that he had been hit. During an interview on 6/11/26 at 11:57 a.m. with the Restorative Nurse Assistant (RNA), the RNA stated she witnessed Resident 1 hit Resident 2 on the back with a closed hand. During an interview on 6/11/26 at 12:03 p.m. with the Director of Nursing (DON), the DON stated that the expectation is to keep residents safe. The facility has a duty to keep the resident safe. During a review of the facility's Policy and Procedure (P&P) titled Abuse Prevention of and Prohibition Against, revised 8/2025, the P&P indicated, It is the policy of this Facility that each resident has the right to be free from abuse.		

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