STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055922	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Courtyard Health Care Center	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure services provided by the nursing facility meet professional standards of quality. Based on interview and record review the facility failed to meet professional standards of care for one of three sampled residents (Resident 1) when the physician ordered antifungal (a medication used to treat and prevent fungal infections) medication was not administered timely.This failure resulted in Resident 1 not receiving the prescribed antifungal medication and a subsequent transfer to the hospital emergency room. Findings:Resident 1 was admitted to the facility on June of 2026 with a diagnoses which included Encephalitis (inflammation of the brain tissue), Encephalomyelitis (inflammation brain and spinal cord) and Hepatic Encephalopathy (a decline in brain function caused by sever liver disease).A review of Resident 1 Order Summary Report (ORS) indicated, MD [medical doctor] determines that Resident [Resident 1] does NOT have the Mental Capacity to make Healthcare .Order Date 6/17/26.A review of Resident 1 ORS indicated, Itraconazole [a prescription antifungal medication used to treat fungal infections] Oral Solution 10 MG/ML [milligrams per milliliter - unit of measurements] Give 30 ml via G - Tube [gastrostomy tube, a medical device inserted through the abdomen directly into the stomach. It delivers nutrition, fluids, and medications] every 12 hours for Systemic fungal infection.Order Date 6/17/26.A review of Resident 1's After Visit Summary (AVS), dated 6/17/26, indicated, CRITICAL MEDICATION INSTRUCTIONS Itraconazole.This is his [Resident 1] most important medication.A review or resident 1 Care Plan (CP) indicated, Has nutritional problem r/t [related to] encephalopathy.Administer medications as ordered.Date Initiated 6/17/26.admission Baseline.The nurse will administer the medication(s) per MD order.Date Initiated 6/17/26.A review of Resident 1's Medication Administration Record (MAR), dated 6/2026, indicated that the Itraconazole oral solution was not administered on 6/17 at 9 p.m. and on 6/18 at 9 a.m. and 9 p.m.A review of Resident 1's Progress Note (PN) dated on 6/17/26 at 23:58 [11:58 p.m.], Awaiting ATB [antibiotic, powerful medications that fight bacterial infections by killing bacteria or preventing them from growing and multiplying]: Itraconazole Solution for Systemic fungal infection .A review of Resident 1 PN, created date 6/18/26 at 21:32 [9:32 p.m.], indicated Antifungal itraconazole not received from pharmacy.[effective date 6/18/26]A review of Resident 1 PN, created date 6/19/26 at 00:10 [12:10 a.m.], indicated Nurse called Pharmacy and was notified that the medication got to the facility at 18:04 p.m. [6:04 pm], Nurse looked in all med carts and was unable to find the medication.A review of Resident 1's PN, created date 00:10 [12:10 a.m.], indicated .Itraconazole scheduled 0900 and 2100 [9:00 a.m.] and [9:00 p.m.].no medication. [effective date 6/18/26]A review of Resident 1's Transfer Form (TF) dated 6/19/26, the TF indicated, Sent to [Hospital's Name] 6/19/26 00:22 [12:22 a.m.], Other Reason for Transfer.needs anti-fungal medication.During a concurrent records review and interview on 7/2/26 at 12:37 p.m., Licensed Nurse (LN) 1 confirmed that Resident 1 had missed three doses of Itraconazole on the following dates and times: 6/17 at 9 p.m., 6/18 at 9 a.m., and 6/18 at 9 p.m. LN 1 further stated that missing a medication could be lifeˆthreatening for a resident.During an interview with the Director of Nursing (DON) on 7/2/26 at 1:56 p.m., the DON stated that there had been a delay in the medication Itraconazole and it was not administered to Resident 1 on time. A review of the undated Facility Policy and Procedure (P&P), indicated Medication Administration.Medication are administered by licensed nurses.as ordered by the physician and in accordance with professional standards of practice.Administer medication as ordered.

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