

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

Printed: 10/09/2026
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 07/31/2026
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to ensure physician orders were obtained and implemented for the assessment, monitoring, and care of a newly created ostomy (a surgically created opening on the belly that allows waste from the body to leave through an opening) for one (Resident 1) out of three sampled residents. This failure had the potential to result in inconsistent ostomy management, delayed identification of stoma (small opening on the abdomen that the surgeon creates so stool or urine can leave the body), skin breakdown, infection, leakage, and pain. Findings: Review of Resident 1's admission Record (AR), indicated Resident 1 was admitted 7/2026 with diagnosis including Ulcerative Colitis (a long-term disease that causes swelling, irritation, and small open sores called ulcers on the inner lining of the large intestine and rectum) and rectal bleeding, Ileostomy (a surgical operation that connects the final part of the small intestine to a hole in the belly, so waste can leave the body without using the colon or rectum.) Review of Resident 1's Minimum data set (MDS- a federally mandated resident assessment tool), indicated, Resident 1 had intact cognition (memory). Review of Resident 1's Treatment Administration Record (TAR- an official checklist that shows the treatment a patient needs) dated July 2026, indicated, no physician order obtained and no provision of treatment care, for Ileostomy. Review of an outside hospital emergency room medical decision making (ER MDM- a doctor's written record of their clinical reasoning, problem-solving, and treatment plans during an emergency visit) notes for Resident 1 dated 7/19/26, indicated, .Brought to ER with complaint of abdominal pain and rash. Abdomen: Erythematous (red, reddened, inflamed), moist, and friable tissue on right lower quadrant (RLQ- the lower right section of the belly) surrounding the ostomy. Ostomy does not have normal output but draining on the skin. The tissue does appear excoriated and related to the stool contents that was noted to be leaking on her skin. During an interview on 7/31/26 at 9:25 a.m. with Licensed Nurse (LN) 1, LN 1 stated, she has not seen the stoma since Resident 1 does her own ostomy care. LN 1 further stated, . all I do was to gather supplies and give it to her (no care provision). During a concurrent observation and interview on 7/31/26 at 9:45 a.m., with Resident 1, in Resident 1's room, Resident 1 stated, she just finished taking a shower and changed her ileostomy bag herself. Resident 1 stated she had to call the ostomy representative to do ostomy self-care because she could not get the help she needed in the facility, which was why she was doing it herself. During a concurrent interview and record review on 7/31/26 at 3 p.m. with Assistant Director of Nursing (ADON), Resident 1's Physician orders were reviewed. ADON confirmed that there were no documented Physician Orders for Resident 1's ostomy care. ADON stated, her expectation was that ostomy orders were written so that appropriate care were provided for Resident 1. During a review of the undated facility's policy and procedure titled, Ostomy Care- C (colostomy (a surgery that creates an opening on the abdomen so stool can leave the body), Urostomy (a surgery that creates an opening on the abdomen so urine can leave the body), Ileostomy, indicated, .It is the policy of this facility to ensure that residents who require . ileostomy services receive care (continued on next page)		

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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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences.		