

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555785 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Courtyard Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1880 Dawson Avenue Signal Hill, CA 90806 | |

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on observation, interview and record review, the facility failed to ensure Resident 1, who was unable to carry out activities of daily living received care services to maintain good personal hygiene for one of three sampled residents (Resident 1) who was left with wet diaper for more than five hours.</p> <p>This failure resulted in Resident 1 feeling frustrated and embarrassed, due to lack of or delay in receiving sufficient services to maintain personal care and incontinent care and had the potential to lead to skin breakdown for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including, bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) chronic obstructive pulmonary disease (COPD-is a chronic lung disease that causes breathing difficulties.), bilateral hip osteoarthritis (wear down the cartilage in the hip joint).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 10/01/2024, the MDS indicated Resident 1 had moderate cognitive (ability to think, understand, learn, and remember) impairment.</p> <p>During a concurrent observation and interview on 1/29/2025 at 12:02 pm, with Resident 1, observed Residents 1 lying in bed with wet incontinent brief (diaper). Resident stated she was waiting for Certified Nursing Assistant (CNA) 1 to change her diaper.</p> <p>During a concurrent observation and interview on 1/29/2025 at 12:05 pm, observed CNA 1 enter Resident 1 ' s room to answer the call light. CNA 1 stated she was assigned to Resident 1. CNA 1 stated she asks Resident 1 on 1/29/2025 at 9:30 am, if she want to have her diaper change, but Resident 1 refused and ask CNA 1 to come back later. CNA 1 stated it takes her 30 minutes per resident to clean up one resident, and by the time she finished with other residents, it was time for her lunch time. CNA 1 stated she went for lunch before checking on Resident 1 again. CNA 1 stated upon her return from lunch she saw Resident 1 ' s call light was on. CNA 1 stated she did not come to Resident 1 ' s room after lunch as the surveyor was in the room.</p> <p>(continued on next page)</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 |
|---|-------|-----------|

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555785 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Courtyard Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1880 Dawson Avenue Signal Hill, CA 90806 | |
| 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a concurrent observation and interview on 1/29/25 at 12:22 pm, with CNA 1, observed Resident 1 diaper to be soaked (extremely wet). CNA 1 stated this will have the potential to cause skin break down and Resident 1 will be uncomfortable to sit on a wet diaper. CNA 1 stated she should have informed the charge nurse of Resident 1 ' s refusal to be changed and hand off to another staff prior to her going to lunch.</p> <p>During an interview on 1/29/25 at 3:40 pm. with the Director of Nursing (DON), the DON stated all CNAs should inform the charge nurse when Resident 1 refused to be change in the morning. The DON stated if Resident 1 was lying on a soaked diaper for a period of time it can result to skin breakdown, and Resident 1 will feel uncomfortable.</p> <p>During a review of the facility's policy and procedures titled, Resident Rights dated 20216, the P&P indicated Residents should be treated respect, kindness and dignity, and equal access to quality of care.</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555785 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Courtyard Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1880 Dawson Avenue Signal Hill, CA 90806 | |
| 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on observation, interview, and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1 ' s Norco as needed (controlled medications used to treat severe pain) was refilled on time. 2. Ensure licensed nurse documents in resident health records when physician was called for authorizing the refill of pain medications. 3. Ensure discontinued medication was removed out of medication cart. <p>These deficient practices have the potential to result in an insufficient number of medications on hand in the event Resident 1 needed pain medication to treat severe pain.</p> <p>This deficient practice had the potential to result in a delay of necessary care and treatment and can lead to adverse health outcome for Resident 1.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1was admitted to the facility on [DATE] with diagnoses including, bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs)chronic obstructive pulmonary disease (COPD-is a chronic lung disease that causes breathing difficulties.), bilateral hip osteoarthritis (wear down the cartilage in the hip joint). <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 10/01/2024, the MDS indicated Resident 1 had moderate cognitive (ability to think, understand, learn, and remember) impairment.</p> <p>During a record review of Resident1 ' s Physician Order Summary, the Physician Order Summary indicated an active order of hydrocodone/APAP (Norco) 7.5-325 milligram (mg-unit of measurement) by mouth every six hours as needed for serve pain.</p> <p>During a review of controlled medication (a substance that is regulated by the government due to its potential for abuse and addiction) count sheet, indicated that Resident 1 received her Norco 7.5mg on 11/24/2025 at 9 a.m. for severe pain. There was no prn Norco 7.5 mg available for severe pain until 12/03/25 for Resident 1 when the next dose was given on 12/03/25 at 09:56 am.</p> <p>During an interview on 01/29/25 at 11:36 am with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1was given tramadol (pain medication) 50 mg for pain and reposition for comfort while waiting for authorization from Resident 1 ' s physician for Norco 7.5 mg for severe pain. LVN 1 stated the process of medication refill, staff will call for refill 7 days prior to the last medication and notify the Director of Nursing (DON). LVN 1 stated it was important to document on Resident 1 ' s health records what transcribed to ensure there was follow up and help with the continuity of care.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555785 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Courtyard Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1880 Dawson Avenue Signal Hill, CA 90806 | |
| 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>2. During a concurrent interview and record review on 01/29/25 at 4:28 pm. with the DON, reviewed Resident 1 ' s Nurses Progress Notes. The DON state there was no documentation that licensed staff called Resident 1 ' s physician and pharmacy to request refill of Norco 7.5 mg for Resident 1. The DON stated staff should have documented, and stated if it was not document it was not done. The DON stated this caused delay in getting the refill of Norco for Resident 1.</p> <p>3. During a concurrent observation and interview on 01/29/25 at 11:15 with LVN 3, observed a discontinued medication of Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen inside the medication cart for Resident 4. LVN 3 stated the medication was discontinue on 1/27/2025. LVN 3 stated all discontinued medications should be removed from the medication cart and give to the DON. LVN 3 stated, if discontinued medications were not removed from the medication cart, there was a potential for licensed nurses to mistakenly give the medication to the resident and can cause medication error. LVN 3 stated licensed staff who received physician order to discontinue the medications should remove the medication right away from the medication cart.</p> <p>During a record review of Resident 4 ' s Physician Order, the Physician Order indicated Hydrocodone-Acetaminophen oral tablet 5-325 mg as needed for moderate pain, medication was discontinuing on 1/27/25 at 12:24 pm Resident 4 ' s physician.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Administering Medication, revised 4/2024, the P&P indicated medications are administered in accordance with prescriber orders, including any required time frame.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Discontinued Medications, revised 8/2024, the P&P indicated 2. The Nurse receiving the order to discontinue a medication is responsible for recording the information (e.g., writing discontinued date, dating, and initialing MAR) and notifying the dispensing pharmacy of the discontinuation). Staff shall destroy discontinued medications or shall return them to the dispensing pharmacy in accordance with facility policy.3. Discontinued medications must be destroyed or returned to the issuing pharmacy in accordance with established policies.</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555785 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Courtyard Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1880 Dawson Avenue Signal Hill, CA 90806 | |
| 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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49862</p> <p>Based on observation, interview and record review, the facility failed to implement infection control practices when Certified Nursing Assistant 2 (CNA) did not perform hand hygiene for one of three sample residents (Resident 1).</p> <p>This failure had the potential to result in cross contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another) and place the residents at risk for the spread of infection.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including, bipolar (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs) chronic obstructive pulmonary disease (COPD-is a chronic lung disease that causes breathing difficulties.), bilateral hip osteoarthritis (wear down the cartilage in the hip joint).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 10/01/2024, the MDS indicated Resident 1 had moderate cognitive (ability to think, understand, learn, and remember) impairment.</p> <p>During a concurrent observation and interview on 01/29/2025 at 11:54 am with Certified Nursing Assistance/Restorative Nurse Assistant CNA/RNA 2 was observe adjusting splint (a device used to restrict, protect, or immobilize a part of the body to support function and increase ROM) of Resident 5 and move to touch Resident 1 without doing hand hygiene. CNA/RNA 2 was observed touched the call light and fixed Resident 1 ' s blanket and cover her properly. CNA/RNA 2 stated she failed to sanitize her hands with the alcohol-based hand sanitizer in between resident care and used alcohol pads. CNA/RNA 2 stated it was important to do hand hygiene to prevent spread of infection.</p> <p>During an interview on 01/30/25 at 12:33 p.m. with Infection Preventionist (IP) nurse, IP nurse stated, all facility staff were educated to gel in and gel out (entering the patient room/environment. (GEL-IN) exiting the patient room/environment. (GEL-OUT) to avoid cross contamination. IP Nurse stated that CNA/RNA 2 should not use alcohol pads to sanitize their hands.</p> <p>During an interview on 01/30/25 at 10:59 a.m. with assisting Director of Staff Developer (DSD), the DSD stated facility staff needs to wash their hands, gel in and gel out after each of patient care.</p> <p>During a review of the facility's policy and procedure (P&P) revised 09/24, titled Handwashing /Hand Hygiene, the P&P indicated, Hand hygiene is the primary means to prevent the spread of infection.7. Use an alcohol-based hand rub containing at least 62 percent (%) alcohol; or alternatively, soap and water for the following situation: 7b. before and after direct contact with a resident.</p> | | |