| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555785 | A. Building<br>B. Wing | 03/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Courtyard Care Center | 1880 Dawson Avenue<br>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.

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| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure one of four sampled residents' (Resident 2) call light (device that allows residents to request assistance from nursing staff) was accessible and within reach.This deficient practice resulted in a delay in care and services.Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including fracture of medial malleolus of left tibia (a break in the bony bump on the inner side of the left ankle), dementia (a progressive state of decline in mental abilities), and muscle weakness.During a review of Resident 2's Minimum data Set ([MDS] a resident assessment tool), dated 1/14/2026, the MDS indicated Resident 2's cognition (ability to make decision of daily living) was moderately impaired. The MDS indicated Resident 2 was dependent (Helper does all the effort to complete the task) on staff for all activities of daily living (activities such as bathing, dressing and toileting a person performs daily). During a concurrent observation and interview on 3/4/2026 at 11:55 a.m., in Resident 2's room Resident 2's switch adaptive call light (an assistive device allowing individuals with limited mobility or disabilities to alert caregivers by using specialized switches instead of a standard button) was on the floor away from Resident 2. Certified Nurse Assistant (CNA) 1 confirmed Resident 2's call light was out of Resident 2's reach.During an interview on 3/4/2026 at 11:55 a.m., Resident 2 stated she needed the call light under her forearm so she could press it when she needed assistance from facility staff.During an interview on 3/5/2026 at 1:47 p.m., with the Director of Nursing (DON), the DON stated all residents must have an accessible call light that is within reach to ensure residents can call for help. During a review of the facility's policy and procedure (P&P) titled, Answering the Call Light, dated 2024, the P&P indicated the call light need to be within the residents' reach. |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure two of two sampled residents (Resident 2 and 8) had documented evidence that Residents 2 and 8 were assisted with their meals at least three times a day.This deficient practice had the potential to result in worsened conditions, weight loss, and higher hospitalization risks.Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including fracture of medial malleolus of left tibia (a break in the bony bump on the inner side of the left ankle), gastroesophageal reflux disease (chronic condition where stomach acid frequently flows back into the esophagus), dementia (a progressive state of decline in mental abilities), and muscle weakness.During a review of Resident 2's Minimum data Set ([MDS] a resident assessment tool), dated 1/14/2026, the MDS indicated Resident 2's cognition (ability to make decisions of daily living) was moderately impaired. The MDS indicated Resident 2 was dependent on staff for all activities of daily living ([ADL] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 2's Order Summary report, active as of 3/4/2026, the report indicated an order for Fortified diet (foods enriched with added nutrients not naturally abundant in them) mechanical soft texture (foods that are soft, moist, and easy to chew and swallow), thin consistency. Resident 2 also had an order for Restorative Nursing Assistant (a certified nursing assistant with specialized training to help patients with limited mobility regain or maintain physical function) feeding program starting on 12/9/2025.During a review of Resident 2's Documentation Survey Report for February 2026 and March 2026, the report indicated the amount eaten by Resident 2, there was no documented evidence Resident 2 was assisted with meals three times a day on 2/12/2026, 2/14/2026, 2/15/2026, 2/22/2026, 2/25/2026, and 2/27/2026. During a review of Resident 8's admission Record, the admission Record indicated Resident 8 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), kidney transplant status (individual has undergone surgery to replace failing kidneys with a healthy donor kidney), dementia, anemia (a condition where the body does not have enough healthy red blood cells), and morbid obesity (severe weight of being 100 pounds over ideal weight). During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8's cognition was severely impaired. The MDS indicated Resident 8 was dependent on staff for all ADLs. During a review of Resident 8's Order Summary report, active as of 3/4/2026, the report indicated orders for Fortified diet, pureed texture (consists of smooth, pudding-like foods requiring no chewing), mildly thick consistency.During a review of Resident 8's Documentation Survey Report for February 2026 and March 2026, the report indicated the amount eaten by Resident 8, there was no documented evidence Resident 8 was assisted with meals three times a day on 2/6/2026, 2/13/2026, 2/14/2026, 2/15/2026, 2/16/2026, 2/25/2026, and 2/27/2026.During a concurrent interview and record review on 3/4/2026 at 12:50 p.m., with Registered Nurse Supervisor 1(RNS 1) Resident 2's Documentation survey of amount eaten was reviewed for February and March 2026. RNS 1 confirmed and stated there was no documented evidence facility staff assisted Resident 2 with meals three times a day on 2/6/2026, 2/13/2026, 2/14/2026, 2/15/2026, 2/16/2026, 2/25/2026, and 2/27/2026.During a concurrent interview and record review on 3/4/2026 at 12:58 p.m., with RNS 1 Resident 8's Documentation Survey Report was reviewed for February 2026 and March 2026. RNS 1 confirmed and stated there was no documented evidence Resident 8 was assisted with meals three times a day on 2/6/2026, 2/13/2026, 2/14/2026, 2/15/2026, 2/16/2026, 2/25/2026, and 2/27/2026. RNS 1 stated need to ensure meals were recorded and that residents eat at least three times a day.During a review of the facility's policy and procedure (P&P) titled, Food and Nutrition Services, dated 2025, the P&P indicated each resident is provided with a nourishing, palatable, well-balanced diet that meets their daily nutritional and special dietary needs. |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure sufficient staff were available to provide care To ensure one of two residents (Resident 2) had documented evidence of receiving feeding assistance for breakfast and lunch on 2/22/2026.To ensure call lights were answered in a timely manner.These deficient practices had the potential to result in worsening conditions and a delay in care and services.Findings:During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including fracture of medial malleolus of left tibia (a break in the bony bump on the inner side of the left ankle), gastroesophageal reflux disease (chronic condition where stomach acid frequently flows back into the esophagus), dementia (a progressive state of decline in mental abilities), and muscle weakness.During a review of Resident 2's Minimum data Set ([MDS] a resident assessment tool), dated 1/14/2026, the MDS indicated Resident 2's cognition (ability to make decisions of daily living) was moderately impaired. The MDS indicated Resident 2 was dependent on staff for all activities of daily living ([ADL] activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 2's Order Summary report, active as of 3/4/2026, the report indicated an order for Fortified diet (foods enriched with added nutrients not naturally abundant in them) mechanical soft texture (foods that are soft, moist, and easy to chew and swallow), thin consistency. Resident 2 also had an order for Restorative Nursing Assistant (a certified nursing assistant with specialized training to help patients with limited mobility regain or maintain physical function) feeding program starting on 12/9/2025.During a review of Resident 2's Documentation Survey Report for February 2026, the report indicated the amount eaten by Resident 2, there was no documented evidence Resident 2 was assisted with meals three times a day on 2/22/2026. During a review of the facility's Resident council (a group of facility residents who meet to share concerns and give feedback about their care and daily life) meeting minutes, for 2/3/2026 and 1/8/2026, the minutes indicated that call lights were not being answered in a timely manner. During a phone interview with Family Member (FM) 1, on 3/3/2026 at 1:36 p.m., FM 1 stated the facility did not have enough nurses to help the residents, especially on the weekends, and it delayed care and services for the residents.During a concurrent interview and record review on 3/4/2026 at 12:50 p.m., with Registered Nurse Supervisor 1(RNS 1) Resident 2's Documentation survey of amount eaten was reviewed for February 2026. RNS 1 confirmed and stated there was no documented evidence Resident 2 was assisted with meals three times a day on 2/22/2026.During an interview and record review on 3/4/2026 at 1:47 p.m., with the Director of Nursing (DON), the facility's Census and Direct Care Service Hours Per Patient Day ([DHPPD] a critical staffing metric in healthcare represents the total actual hours of direct nursing care provided to patients divided by the daily patient census) for 2/21/2026, 2/22/2026, 2/28/2026 were reviewed. The DON confirmed metrics for Certified Nurse Assistants were below the required 2.4 hours per patient day. The DON stated short staffing affected resident care. On 2/22/2026, the day there was no documented evidence Resident 2 was assisted for breakfast and lunch the facility was short staffed.During a review of the facility's policy and procedure (P&P) titled, Staffing, Sufficient and Competent Nursing, dated 2024, the P&P indicated the facility provides enough nursing staff to provide nursing and related care service for all residents. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure two of four sampled residents (Resident 1 and 2) medications were administered as ordered.This deficient practice had the potential to result in worsened conditions and higher hospitalization risks.Findings: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 chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), gastroesophageal reflux disease (chronic condition where stomach acid frequently flows back into the esophagus), bilateral primary osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of the hip, and disorder of bone density (measures the calcium and mineral amount in bones, determining strength) and structure.During a review of Resident 1's Minimum data Set ([MDS] a resident assessment tool), dated 1/16/2026, the MDS indicated Resident 1's cognition (ability to make decisions of daily living) was severely impaired. The MDS indicated Resident 1 required set-up assistance with eating, oral hygiene, substantial assistance (helper does more than half the effort to complete the task) with personal hygiene, and was dependent (helper does all the effort to complete the task) on staff for showering and toileting hygiene. During a review of Resident 1's Order Summary report, active as of 3/4/2026, the report indicated orders for 1. Alendronate Sodium tablet 70 milligrams ([mg] metric unit of measurement, used for medication dosage and/or amount) one time a day every Sunday (medication for osteoporosis [weak and brittle bones due to lack of calcium and Vitamin D]), 2. Omeprazole tablet delayed release 20 mg by mouth one time a day (medication for acid indigestion), and3. Synthroid (medication for hypothyroidism [the thyroid gland doesn't make enough thyroid hormone]) oral tablet 75 micrograms ([mcg] metric unit of measurement, used for medication dosage and/or amount) in the morning.During a review of Resident 1's Medication Administration Record (MAR), 3/2026, Resident 1's MAR indicated:1. On 3/1/2026 at 6 a.m., no documented evidence of the administration of Alendronate Sodium tablet and Omeprazole. 2. On 3/1/2026 and 3/3/2026 at 6:30 a.m., no documented evidence of the administration of Synthroid.3. On 3/3/3036 at 6 a.m., Resident 1's MA indicated no documented evidence of the administration of Omeprazole. During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including fracture of medial malleolus of left tibia (a break in the bony bump on the inner side of the left ankle), dementia (a progressive state of decline in mental abilities), and muscle weakness.During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognition was moderately impaired. The MDS indicated Resident 2 was dependent on staff for all activities of daily living (activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 2's Order Summary report, active as of 3/4/2026, the report indicated an order for Visine Dry eye relief Ophthalmic Solution 1%, (medication for dry eyes) instill one drop in both eyes three times a day.During a review of Resident 2's Medication Administration Record (MAR), 3/2026, Resident 2's MAR indicated no documented evidence of the administration of Visine on 3/3/2026 at 6 a.m.During a concurrent interview and record review on 3/4/2026 at 12:44 p.m., with Registered Nurse Supervisor 1(RNS 1) Resident 1's MAR was reviewed. RNS 1 confirmed and stated there were medications that were not administered to Resident 1. On 3/1/2026 at 6 a.m., Resident 1's MAR indicated no documented evidence of the administration of Alendronate Sodium tablet and Omeprazole. On 3/1/2026 and 3/3/2026 at 6:30 a.m., Resident 1's MAR indicated no documented evidence of the administration of Synthroid. On 3/3/3036 at 6 a.m., Resident 1's MAR indicated no documented evidence of the administration of Omeprazole. During a concurrent interview and record review on 3/4/2026 at 12:47 p.m., with RNS 1 Resident 2's MAR was reviewed. RNS 1 confirmed and stated there were medications that were not administered to Resident 2. Resident 2's MAR indicated<br>(continued on next page) |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | no documented evidence of the administration of Visine on 3/3/2026 at 6 a.m.During an interview on 3/5/2026 at 1:47 p.m., with the Director of Nursing (DON), the DON stated medications should be administered as physician ordered and if MAR was not signed then it means the medication was not administered. During a review of the facility's policy and procedure (P&P) titled, Administering Medications, dated 2024, the P&P indicated medications as administered as prescribed. The P&P indicated as required the individual administering the medication documents in the residents' MAR the date, time, dosage, route of medication administered and the signature and title of the person who administered the drug. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to implement infection control policies when the facility failed to ensure two out of four residents sampled (Resident 3 and 4) were tested for influenza (a highly contagious infectious illness) and Covid-19 (contagious respiratory illness) as soon as respiratory symptoms (warning signs including cough, fever, sore throat, runny nose, congestion, muscle aches) manifested.The deficient practices had the potential to result in the spread of infections in the facility and cause undue harm to the residents' health and well-being. FindingsDuring a review of Resident 3's admission Record, the admission Record indicated Resident 3 was readmitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), and pulmonary fibrosis (chronic, progressive lung disease where deep lung tissue becomes scarred, thick, and stiff).During a review of Resident 3's Minimum data Set ([MDS] a resident assessment tool), dated 2/25/2026, the MDS indicated Resident 3's cognition was moderately impaired. The MDS indicated Resident 3 needed set-up assistance with eating, oral hygiene, and was dependent on staff for showering and toileting hygiene.During a review of Resident 3's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents) Communication Form and progress notes. 2/14/2026 at 9:30 p.m., the form indicated Resident 3 presented with shortness of breath, coughing, and congestion.During a review of Resident 3's order, 2/18/2026 at 8:33 p.m., Resident 3 was placed on transmission-based precautions ([TBP] specialized infection control measures used in addition to standard precautions for patients suspected or confirmed to have highly transmissible diseases based on route of transmission).During a review of Resident 3's Lab Results Report, 2/19/2026 at 5 a.m., the report indicated Resident 3 was tested for respiratory pathogen panel (test that identify the specific germ causing respiratory symptoms).During a review of Resident 4's admission Record, the admission Record indicated Resident 4 was admitted to the facility on [DATE] with diagnoses including acute pulmonary edema (life-threatening, sudden buildup of fluid in the lung's air sacs) and anemia (a condition where the body does not have enough healthy red blood cells).During a review of Resident 4's MDS, dated [DATE], the MDS indicated Resident 4's cognition was moderately impaired. The MDS indicated Resident 4 needed set-up assistance with eating, oral hygiene, and was dependent on staff for showering and toileting hygiene.During a review of Resident 4's SBAR Communication Form and progress notes. 2/21/2026 at 8:29 p.m., the form indicated Resident 4 presented with a productive cough. During a review of Resident 4's Lab Results Report, 2/23/2026 at 3:30 a.m., the report indicated Resident 3 was tested for respiratory pathogen panel.During a concurrent interview and record review on 3/4/2026 at 9:25 a.m., with the Infection Prevention Nurse (IPN), Resident 3's medical records were reviewed. The IPN confirmed and stated Resident 3 manifested respiratory symptoms on the 2/14/2026 and should have been tested for respiratory pathogen panel or at least flu and Covid-19 right away and not 4 days later 2/18/2026. The IPN stated Resident 3 should have been placed on TBP right away and not 4 days later to prevent the spread of infection.During a concurrent interview and record review on 3/4/2026 at 10 a.m., with the IPN, Resident 4's medical records were reviewed. The IPN confirmed and stated Resident 4 manifested respiratory symptoms on the 2/21/2026 and should have been tested for respiratory pathogen panel or at least flu and Covid-19 right away and not 2 days later 2/23/2026 to prevent the spread of infection.During an interview on 3/5/2026 at 1:47 p.m., with the Director of Nursing (DON), the DON stated we need to follow LA Department of Public Health (LADPH) guidelines to prevent the spread of infections. During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control, dated 2025, the P&P indicated the facility will maintain a safe environment to prevent and manage the spread of infections. The P&P indicated the facility will follow current best practicesDuring a review<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | of LADPH Influenza and other Respiratory Virus Diseases Outbreak Toolkit, 12/2025, the toolkit indicated to immediately test residents for Covid-19 and flu when the residents manifest with signs or symptoms of respiratory illness. The toolkit indicated while awaiting test results on symptomatic residents, implement empiric Transmission-Based Precautions for COVID-19. |