STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675766	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Courtyard Rehabilitation and Healthcare Center	3401 E Airline Dr Victoria, TX 77901

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record reviews, the facility failed to ensure assessments accurately reflected the resident's status for 1of 5 residents (Residents #1) reviewed for resident assessments. The Facility failed to ensure Resident #1's infected wound was reflected on the quarterly MDS assessment dated [DATE]. This deficient practice could place residents at risk of missed or inaccurate care. The findings include: Record review of Resident #1's electronic face sheet dated 05/26/2026 reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnosis included: Cutaneous abscess of right lower limb, onset date 02/27/26, primary admission. Record review of Resident #1's quarterly MDS assessment dated [DATE] did not reflect under Section I Active Diagnoses that she had a wound infection. She was assessed to be understood and could usually understand others. Resident #1 scored 2 of 15 on her BIMS which signified her cognitive status was severely impaired. She was coded to be taking an antibiotic and IV medication. Record review of Resident #1's Active Orders as of 03/01/2026 reflected Ceftriaxone Sodium (antibiotic) Injection Solution Reconstituted, 2 GM, use 1 dose intravenously one time a day for streptococcus anginose (bacteria) to RT hip wound until 03/27/2026, start date 02/28/2026. Record review of Resident #1's MAR dated 03/01/2026 to 03/31/2026 reflected she was administered Ceftriaxone Sodium injection each day during her MDS assessment look back period. Record review of Resident #1's Surgical Consult Note dated 02/25/2026 reflected, assessment, abscess of hip. Record review of Resident #1's hospital Discharge summary dated [DATE] reflected she was admitted on [DATE] and discharged to the facility on antibiotics on 02/27/2026. Record review of Resident #1 progress note written by LVN A dated 03/01/2026 reflected Skin: Rear right trochanter (Hip). Issue type: Other skin issue. Skin issue description: Noted Red, warm, tender to touch with swelling. Incision line with yellow fluid under skin. Resident is currently on antibiotics. Antibiotic name: Ceftriaxone 2GM IVQD X 4weeks Dx: Streptococcus Anginose (type of bacteria) to right hip. Observation on 05/27/2026 at 2:12 pm of incontinent care received by Resident #1 revealed her right hip area where she had a wound had healed. She spoke nonsense to the aides and was not interview able. During an interview on 05/26/2026 at 10:46 am, the MDS nurse stated she did not know how she missed Resident #1's wound infection on the quarterly MDS. She stated she missed it due to human error, and MDS accuracy was important because the MDS reflected a picture of the residents, their condition, care requirements and needs which could get missed. During an interview on 05/26/2026 at 11:51 am, the DON stated MDS accuracy was important to show what the resident needed for care and inaccuracy could lead to missed care. She stated the facility did not have a policy and procedure for MDS accuracy because they followed the RAI manual. During an interview on 05/27/2026 at 6:02 pm, LVN A stated Resident #1 had a healed incision line, and the staff was not aware an abscess formed underneath the healed line until she noticed it was red and swollen, reported it immediately to the provider, and Resident #1 was sent to the hospital for treatment and returned on antibiotics. Record review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, dated October 2025 reflected The RAI process has multiple regulatory requirements. Federal regulation required the assessment accurately reflects the resident's status.

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