

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675766	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER The Courtyard Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store food accordance with professional standards for service safety in the facility's only kitchen observed for sanitary conditions. The facility failed to date food and beverages found within the facility's freezers and refrigerator. The deficient practice could affect residents by failing to ensure residents received appropriate care for their health condition. Findings included: In an observation on 09/16/2025, at 10:47 AM, the facility Freezer was found to contain 1 clear plastic bag containing frozen uncooked ground beef. The bag was sealed but there was no label or date present. In an observation on 09/16/2025, at 10:49 AM, the facility Refrigerator the following: a precooked meal in a plastic container. It was not labeled or dated. A 16-ounce carbonated beverage that was opened and not dated or labeled. In an interview on 9/16 /2025 10:50 AM, the Dietary Resource Manager stated she thought the precooked meal and the carbonated beverage belonged to a resident, but with no label, she was unsure. In an interview on 9/19/2025 10:30 AM the Dietary Resource Manager stated it was policy to label and date all incoming food Review of the facility's Refrigerators and Freezers Policy dated 2001, Revised December 2014 indicated :.5. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. Expiration dates on unopened food will be observed and use by dates indicated once food is opened.6. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates.		

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 2 resident (Resident #10) reviewed for incontinent care, in that: CNA A did not pull back Resident #10's foreskin (skin covering the head of the penis) and did not clean under the shaft of the penis and the top of the scrotum (sac of skin protecting the testicles) during incontinent care. This facility failure could place residents at-risk for infection and skin break down due to improper care practices. Findings included: Record review of Resident #10's face sheet, dated 09/18/2025, revealed an admission date of 01/27/2016, and a readmission date of 11/24/2023, with diagnoses which included: Parkinsonism (brain conditions that cause slowed movements, rigidity (stiffness) and tremors), Alzheimer's disease (brain disorder that slowly destroys memory and thinking skills) and, Hemiplegia (Paralysis of one side of the body). Record review of Resident #10's quarterly MDS dated [DATE] revealed the resident had a BIMS score of 05 indicating severe cognitive impairment. Resident #10 required total care for his activities of daily living and was always incontinent of bowel and bladder. Review[TT1] of Resident #10's care plan dated 07/24/2022, revealed a problem of Has bowel/bladder incontinence related to Dementia (Decline in cognitive ability), IMMOBILITY, a goal of Will decrease frequency of urinary incontinence through the next review date and an intervention of Monitor/document for signs and symptoms of UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Observation on 09/18/2025 at 11:20 a.m., revealed while providing incontinent care for Resident #10, CNA A did not pull back the resident's foreskin (skin covering the head of the penis) and did not clean under the shaft of the penis and the top of the scrotum (sac of skin protecting the testicles). During an interview on 09/18/2025 at 11:30 a.m., CNA A stated she knew to retract the skin when the resident was not circumcised (surgical removal of the foreskin, the tissue covering the head of the penis) and knew to clean under the penis shaft, but she was nervous and forgot. She stated she received training for incontinent care and infection control this year. During an interview with the DON on 09/18/2025 at 5 p.m., she stated in the case of a male resident who was not circumcised the foreskin must be pulled back. The underside of the shaft and top of the scrotum must be cleaned. The DON stated staff received training on incontinent care at least yearly and their skills are checked yearly and as needed Review of annual skills check for CNA A revealed CNA A passed competency for incontinent care on 06/06/2025. Review of facility policy and procedure, titled Perineal care, undated, revealed to wash [.] as well as the penis and scrotum. Retract foreskin of the uncircumcised male and wash carefully to remove secretions. Wash area under scrotum.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 4 residents (Resident #3) reviewed for infection control, in that: During incontinent care, CNA C failed to change her gloves after cleaning Resident #3 and before touching the clean brief. This facility failure could place residents at- risk for infection due to improper care practices. Findings included: Record review of Resident #3s face sheet, dated 09/18/2025, revealed an admission date of 09/26/2024, and a readmission date of 02/10/2025, with diagnoses of: Alzheimer's disease (brain disorder that slowly destroys memory and thinking skills), Dementia (decline in cognitive abilities), Asthma (Chronic long term lung condition making it difficult to breathe and, Hypertension (High blood pressure). Record review of Resident #3's quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 5 indicating severe cognitive impairment. Resident #3 required total assistance and was always incontinent of bowel and bladder. Review of Resident #3's care plan, dated 02/26/2025, revealed a problem of Has bowel/bladder incontinence related to Activity Intolerance, Dementia, History of UTI, Impaired Mobility, a goal of Will remain free from skin breakdown due to incontinence and brief use through the review date. and an intervention of INCONTINENT: Check as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes. Observation on 09/18/2025 at 2:27 p.m., revealed CNA C did not change her gloves or sanitize her hands before touching the clean brief to fasten Resident #3's brief during incontinence care. During an interview on 09/18/2025 at 2:37 p.m., CNA C stated she was nervous and forgot to change her gloves. She stated her gloves were soiled after cleaning the resident and she should have changed them before touching something clean. She stated she had received infection control training this year. During an interview on 09/18/2025 at 5 p.m., the DON stated staff should change their gloves after cleaning the resident and before touching the clean brief to avoid cross contamination and prevent infection for the resident. The DON stated staff received infection control training at least annually and their skills were checked annually and as needed. Review of facility policy, titled Hand Hygiene, dated 4/2025, revealed use an alcohol-based hand rub [.] Before moving from a contaminated body site to a clean body site during resident care; [.] After contact with blood or bodily fluids.		