

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>055922</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>07/08/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>COURTYARD HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1850 EAST 8TH STREET , DAVIS, California, 95616</b>	
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F0000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00970569.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F0000		
F0806 SS = E	Resident Allergies, Preferences, Substitutes  CFR(s): 483.60(d)(4)(5)  §483.60(d) Food and drink  Each resident receives and the facility provides-  §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;  §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice;  This REQUIREMENT is NOT MET as evidenced by:  Based on observation, interview, and record review, the facility failed to ensure food preferences were accommodated for three of three sampled residents (Resident 1, Resident 2, and Resident 3), when:Resident 1 did not receive double portions of protein;Resident 2 did not receive salad; andResident 3 did not receive fresh fruit for lunch on 7/8/25 as listed in the meal tickets.These failures had the potential to negatively impact the residents' nutritional status.  Findings:  1. A review of Resident 1's "Admission Record," indicated she was admitted to the facility in 6/23 with diagnoses including anemia (the body does not have enough red blood cells to carry oxygen effectively throughout the body) and vitamin D deficiency (not	F0806	This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.  Immediate corrective action(s) for those Residents affected by the deficient practice;  Dietary Manager (DM) and Resident 1 communicated to clarify this resident's preference as it was stated small portions and double protein. Residents requested to maintain small portions and remove double protein. Dietary Manager updated resident's preferences.	8/8/25

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 reverse for further 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
	Administrator	8/7/25

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F0806 SS = E	<p>Continued from page 1 enough vitamin D).</p> <p>A review of Resident 1's meal ticket, dated 7/8/25, indicated Resident 1 had double the portion of protein listed in the preference list.</p> <p>During a concurrent observation, interview, and record review on 7/8/25 at 12:28 p.m. with Resident 1, Resident 1's meal ticket, dated 7/8/25, was reviewed. Double portion of protein was listed in the preference list. Resident 1 confirmed there was no double portion of protein on the lunch plate.</p> <p>During a concurrent interview and record review on 7/8/25 at 1:35 p.m. with the Dietary Manager (DM), Resident 1's meal tray picture was reviewed. DM confirmed Resident 1's lunch tray did not include double the portion of protein for lunch on 7/8/25.</p> <p>2. A review of Resident 2's "Admission Record," indicated she was admitted to the facility in 10/23 with a diagnosis of anemia.</p> <p>A review of Resident 2's meal ticket, dated 7/8/25, indicated, "Green vegetable every meal" listed in the preference list.</p> <p>During a concurrent observation and interview on 7/8/25 at 12:37 p.m. with Resident 2, Resident 2 was eating her lunch in the dining room. Resident 2 confirmed she requested green salad with each meal and did not receive any salad.</p> <p>During a concurrent interview and record review on 7/8/25 at 1:35 p.m. with the DM, Resident 2's meal tray picture was reviewed. DM confirmed there was no salad in the meal tray during lunch.</p> <p>3. A review of Resident 3's "Admission Record," indicated she was admitted to the facility in 9/19 with a diagnosis of vitamin D deficiency.</p> <p>A review of Resident 3's meal ticket, dated 7/8/25, indicated, "Fresh fruit for dessert" listed as the resident's preference.</p> <p>During a concurrent observation and interview on 7/8/25 at 1:02 p.m. with Resident 3, Resident 3 was eating her lunch inside her room. There was no fresh fruit available on the lunch tray. Resident 3 stated, "Where is the fresh fruit? They did not bring any."</p> <p>During a concurrent interview and record review on 7/8/25 at 2:16 p.m. with the Registered Dietician (RD),</p>	F0806	<p>Continued from Page 1: Registered Dietitian (RD) clarified with Resident 2 that she wants green vegetables with lunch and a spinach salad during dinner, no green vegetable with breakfast. Resident's meal ticket updated with these preferences. In addition to a preference on her meal ticket, RD added Resident's request to the standing daily meal request list to ensure our staff prepare and serve this each meal.</p> <p>RD clarified with Resident 3 who confirmed she wants fresh fruit with all meals, and this Resident's meal ticket updated reflecting this.</p> <p>Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken; All residents have the potential to be negatively affected if Resident's preferences aren't followed.</p> <p>Facility measures and systemic changes to ensure the deficient practice does not recur; Systemic changes to address the deficient practice include, but are not limited to auditing all current residents preferences regarding double protein, green vegetables with every meal and fresh fruit for dessert. RD to clarify that double protein requests are nutritionally appropriate. Dietary Manager will create a list of residents who request green vegetables with every meal and fresh</p>	8/8/25

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F0806 SS = E	Continued from page 2 Resident 3's meal tray picture was reviewed. RD confirmed there was no fresh fruit on Resident 3's meal tray during lunch. RD stated the residents' food preferences should have been honored since it was their choices of likes and dislikes of food.  A review of the facility's policy titled, "Resident Food Preferences," dated 2/9, indicated, "Satisfy resident's tastes and appetite by determining and providing their food preferences at meals. The food and dining service staff will ... make every attempt to meet the resident's food preferences."	F0806	Continued from page 2: fruit for dessert and assign a Dietary Aides to prepare adequate number of items prior to meal service. Each of the following team members will audit 2 meal services per week by pulling 4 random trays prior to each meal cart exiting the kitchen. The attached audit form will be utilized for this audit.	8/8/25
F0812 SS = E	Food Procurement, Store/Prepare/Serve-Sanitary  CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements.  The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is NOT MET as evidenced by:  Based on observation, interview, and record review, the facility failed to store food in a sanitary condition for a census of 109 residents, when: Two boxes of 48 cups of four ounces (oz, a unit of measurement) of yogurt were left in the kitchen floor at room-air for more than three hours; and The freezer's temperature was not monitored on 7/7/25 in the evening shift. These failures had the potential to cause foodborne illness among residents.	F0812	Facility plan to monitor corrective actions & sustain compliance; Integrate QA Process; RD will be compile data from these audits and present to monthly QAPI meetings for 3 months to ensure substantial compliance.  ---- F0812 - Immediate corrective action(s) for those Residents affected by the deficient practice; Dietary staff threw the yogurt out that wasn't properly stored within two hours of delivery.  Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken; All residents have the potential to be affected if time sensitive foods aren't properly stored after delivery within 2 hours.  Facility measures and systemic changes to ensure the deficient practice does not recur;	

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F0812 SS = E	<p>Continued from page 3</p> <p>Findings:</p> <p>1. During a concurrent observation and interview on 7/8/25 at 11:15 a.m. with the Dietary Manager (DM), 20 boxes of fresh vegetables, fruits, milk, yogurt, eggs, and meat were in the kitchen floor at room air. DM stated the food products' delivery arrived today.</p> <p>During an interview on 7/8/25 at 11:40 a.m. with Dietary Aid (DA), DA stated the food products were delivered to the kitchen around 10 a.m.</p> <p>During an observation on 7/8/25 at 1:13 p.m., two boxes of 48 cups (four oz per cup) of yogurt were in the kitchen floor at room air temperature.</p> <p>During an interview on 7/8/25 at 1:35 p.m. with DM, DM confirmed the fresh produce were delivered to the facility today around 10 a.m. in the morning and stated the refrigerated food like milk, eggs, and yogurt were to be put in the refrigerator immediately. DM confirmed the yogurt was left outside the refrigerator for three hours and stated it should have been discarded due to potential for foodborne illness.</p> <p>During an interview on 7/8/25 at 2:16 p.m. with the Registered Dietician (RD), RD confirmed yogurt should have been stored in the refrigerator as soon as possible to limit foodborne illness.</p> <p>A review of the facility's policy titled, "Food Safety in Receiving and Storage," dated 2/9, indicated, "Food is received and stored by methods to minimize contamination and bacterial growth. Items will be put away quickly, especially potentially hazardous foods that need to be stored under refrigeration or frozen."</p> <p>2. During a concurrent interview and record review on 7/8/25 at 12:13 p.m. with DM, freezer 1's temperature log for July 2025 was reviewed. DM confirmed the freezer's temperature was not documented on 7/7/25 at evening shift.</p> <p>During an interview on 7/8/25 at 1:35 p.m. with DM, DM stated the freezer temperature check was to maintain temperature accuracy to hold freezing food. DM further stated if there was no accurate documentation of the freezer temperature then stored food had the potential to lead to foodborne illness among residents.</p> <p>A review of the facility's policy titled, "Food Safety in Receiving and Storage," dated 2/9, indicated, "Cooler and freezer temperatures will be checked and</p>	F0812	<p>Continued from page 3</p> <p>Dietary Manager (DM) completed an in-service focusing on the urgency of prioritizing time sensitive foods on 7/29/25 for dietary staff that manage food delivery. In-service conducted on 8/7/25 covering proper procedure for logging fridge and freezer temperatures.</p> <p>The DM or designee will audit to ensure that all time sensitive items have been properly stored one hour after food delivery (Tuesdays and Fridays). If any item is found to still be out, DM or designee will assist Dietary Aide to ensure time sensitive items are stored properly within 2 hours of delivery. Freezer temperature logs will be audited daily by the DM and Assistant Dietary Manager daily.</p> <p>Facility plan to monitor corrective actions &amp; sustain compliance; Integrate QA Process; Audit results will be presented at monthly for a minimum of three months to the QAPI committee to ensure compliance.</p>	8/8/25

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F0812 SS = E	Continued from page 4 recorded daily, using the internal thermometers ..."	F0812		