

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 515000683  
Report Date: 11/14/2024  
Date Signed: 11/14/2024 03:04:47 PM

Document Has Been Signed on 11/14/2024 03:04 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: COURTYARD, THE	FACILITY NUMBER: 515000683
ADMINISTRATOR/BRANDY STRAHL	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1240 WILLIAMS WAY	TELEPHONE: (530) 790-3050
CITY: YUBA CITY	STATE: CA
CAPACITY: 80	ZIP CODE: 95991
TYPE OF VISIT: Case Management - Incident	CENSUS: 56
	DATE: 11/14/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 01:30 PM
MET WITH: Brandy Strahl	TIME VISIT/INSPECTION
	COMPLETED: 03:15 PM

NARRATIVE	
1	LPA Hiratsuka conducted this unannounced case management visit. This is in response to the facility
2	submitting a death report. LPA obtained a copy of some documents from the resident's file.
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4	No deficiencies cited.
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NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez

**NAME OF LICENSING PROGRAM ANALYST:** Kerry Hiratsuka

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/14/2024

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/14/2024

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**