STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555190	A. Building B. Wing	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
English Oaks Convalescent & Rehabilitation Hospita	2633 West Rumble Rd Modesto, CA 95350

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40726 Based on interview and record review, the facility failed to ensure the medical record accurately reflected a fall incident for one of four residents (Resident 3) when, a. Licensed staff failed to document whether Resident 3's fall mat (placed on the floor at bedside to prevent injury in the event of a fall) was present on 9/8/23, when Resident 3 fell out of bed; and b. The interdisciplinary team (IDT-members include professionals from varied disciplines to provide collaboration) recommended use of a fall mat (to prevent injury in the event of a fall) for Resident 3, but Resident 3's care plan and other records indicated this intervention was in place. This failure had the potential to cause miscommunication of information and confusion among healthcare providers regarding Resident 3's fall, which could contribute to the development of inadequate fall prevention measures for Resident 3. Findings: A review of Resident 3's Admission Record indicated Resident 3 was admitted to the facility in 2021 with diagnoses including congestive heart failure (when the heart muscle is weakened), depression, and anxiety. During a review of Resident 3's clinical record, Health Status Note dated 9/8/23, at 6:02 AM, written by Licensed Nurse (LN) 7, the note indicated, Called to assess patient [Resident 3] post fall. Found sitting on floor next to bed . During a review of Resident 3's clinical record, Fall Note, dated 9/8/23, at 6:58 AM, written by LN 8, the note indicated, Writer was notified at 0545 [5:45 AM] that resident was in the floor. [LN 7] made aware. Resident noted on her bottom next to the bed. Stated I couldn't get up and i [sic] fell .bed was in the lowest position. Call light with in [sic] reach . During a review of Resident 3's clinical record, IDT Note, the note indicated, IDT met to review fall event for [Resident 3] who fell on [DATE] at 0545 from bed .Preventative measures prior to event: bed in low/locked position, call light within reach .New Interventions implemented .landing pads [fall mats] .Care plan has reviewed [sic] and updated based on new interventions being recommended. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555190	A. Building B. Wing	07/11/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 5/1/24, at 12:10 PM, the Director of Nursing (DON) reviewed Resident 3's clinical record, IDT Note. The DON stated the fall mats were not intended to be a new intervention as they were already in place for Resident 3. The DON stated, This was an error in the way it was documented. During a telephone interview on 5/1/24, at 3:25 PM, with LN 8, LN 8 indicated she should have documented whether Resident 3's fall mats were in place when she fell on [DATE]. During a telephone interview on 5/3/24, at 3:23 PM, with LN 7, LN 7 indicated the presence of the fall mat should have been documented in the note written upon assessing Resident 3 after her fall.