

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER English Oaks Convalescent & Rehabilitation Hospita		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate supervision for one of four sampled residents (Resident 1) when resident 1 was found in the parking lot of the apartment complex next to the facility at approximately 10:00 p.m., on 6/17/25. This failure resulted in two skin tears to Resident 1's right knee and had the potential of serious injury and harm. A review of Resident 1's clinical record, titled, admission RECORD (a document that contains the resident's demographic information) indicated, Resident 1 was admitted to the facility with diagnoses of but not limited to malignant neoplasm of unspecified kidney (a cancerous tumor that forms in the kidney), anxiety disorder (a mental health condition characterized by excessive and persistent worry, fear, and nervousness that can interfere with daily life), failure to thrive (a condition where an adult experiences unintentional weight loss, decreased appetite, and muscle wasting that can lead to health complications). A review of Resident 1's clinical record titled, SBAR Communication Form, dated 6/17/25, written by Licensed Nurse (LN) 1, indicated on 6/17/25 at 9:30 p.m., Resident 1 was not found in her room and the building was searched and resident was found outside around 9:45 p.m. During a concurrent interview and record review on 9/11/25, at 4:01 p.m., a review of Resident 1's clinical record titled, Progress Notes, dated 6/17/25, at 11:45 p.m., written by LN 2, indicated Resident 1 was found in the parking lot of an apartment complex next to the facility. LN 2 stated Resident 1 had been assessed for injuries and two skin tears to the right knee were noted and Resident 1 was not able to recall what happened. LN 2 further stated that Resident could have potentially gotten lost and was at risk of serious injury. During an interview on 9/12/25, at 11:40 a.m., with LN 3. LN 3 stated in the event of an elopement (when a person under supervised care leaves the healthcare facility without permission or anyone noticing) staff was not able to ensure safety and monitor a residents if they were not in the building or accounted for. During an interview on 9/12/25, at 12:30 p.m., with the Administrator (ADM), the ADM stated Resident 1 eloped on 6/17/25 and was assessed and treated for skin tears to the right knee. The ADM further stated there was potential for worse injury when the resident was not monitored while outside of the facility.</p>

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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