

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 11/26/2025
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>(continued on next page)</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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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 3) had their initial comprehensive visit completed by a Physician for a resident under a Medicare Part A stay when, Resident 3's initial assessment (admission assessment) was conducted by a Nurse Practitioner (NP). This failure had the potential to result in unidentified medical conditions being untreated for Resident 3. Findings: A review of Resident 3's admission RECORD [a document that contains demographic information], indicated Resident 3 was admitted under Medicare Part A to the facility on [DATE]. During a concurrent interview and record review on 11/26/25 at 10:34 a.m. with LN 1, Resident 3's clinical record titled, INITIAL ASSESSMENT/NEW ADMISSION/ 72 HOUR CHARTING, dated 11/14/25 was reviewed. LN 1 verified the initial assessment for Resident 3 was performed by the nurse practitioner and not the physician. LN 1 stated it was important for a physician to do the initial physical examination to establish a baseline and plan of care for the residents. During an interview on 11/26/25 at 11:45 a.m., with the Director of Nursing (DON), the DON stated it was important for the physician to do the initial assessment on Resident 3 because during the initial assessment, the physician would have reviewed and reconciled Resident 3's medication list and reviewed the pertinent diagnoses. The DON further stated the initial exam was important for establishing the plan of care. During an interview on 1/7/25 at 9:50 a.m., with the Administrator (ADM), the ADM verified the facility is dually certified under Medicare and Medicaid. The ADM stated Resident 3's initial admission assessment and admission orders were done by a nurse practitioner and not Resident 3's attending physician personally. The ADM confirmed Resident 3 was admitted under Medicare Part A. During a review of the facility's policy and procedure (P&P) titled, Physician Services, revised 2/21, the P&P indicated, participating in the resident's assessment and care planning. conducting routine required visits. Review of a document published by the Centers for Medicaid and Medicare Services (CMS) titled, Physician Delegation of Tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs), dated 3/8/13, the document indicated, Physician Required and other Medically Necessary Visits in SNFs: Under 42 C.F.R. S483.40(c)(3), all required physician visits must be made by the physician personally and cannot be delegated. A required physician visit includes the initial comprehensive visit in a SNF and every alternate required visit thereafter, as required in 42 C.F.R. S483.40(c)(4). The initial comprehensive visit in a SNF is the initial visit during which the physician completes a thorough assessment, develops a plan of care and writes or verifies admitting orders for the resident. Under 42 C.F.R. S483.40(c)(1), the initial comprehensive visit must occur no later than 30 days after a resident's admission into the SNF. Further, under 42 C.F.R. S483.40(c)(4) and (e), the physician may not delegate the initial comprehensive visit in a SNF. Non-physician practitioners may perform other medically necessary visits prior to and after the physician's initial comprehensive visit. Once the physician has completed the initial comprehensive visit in the SNF, the physician may then delegate alternate visits to a Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) who is licensed as such by the State and performing within the scope of practice in that State, as permitted under 42 C.F.R. S483.40(c)(4). (www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-15-.pdf)</p>		