

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 02/02/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to ensure that an allegation of sexual abuse involving one of five sampled residents (Resident 1) was reported to the California Department of Public Health (CDPH) within two hours after the facility had knowledge of the allegation, as required by federal regulations (Pursuant to Title 42 Code of Federal Regulations section 483.12(c)(1)). This failure delayed the CDPH's review of the alleged abuse and potentially placed Resident 1 and other residents in the facility at risk for ongoing abuse. Findings:During an interview on 1/27/26 at 3:52 PM with Resident 1 at his bedside, Resident 1 stated, .someone tried to climb on me. and it happened only once.it happened about two nights ago. It was dark but he was tall and bald. Resident 1 further stated, .He tried to have sex with me, he pulled down my pants, he took his thing out, he tried to climb on top of me.I pushed him away.I screamed for help, my neighbor heard it.then he went away. Resident 1 later identified the individual as CNA 2. During a review of Resident 1's Minimum Data Set (MDS, an assessment tool) dated 12/19/25, the MDS indicated a Brief Interview for Mental Status (BIMS, an assessment tool) score of 9 (BIMS scores are as follows: 13 to 15: Normal thinking and memory (no or very little impairment) 8 to 12: Moderate problems with thinking and memory. 0 to 7: Severe problems with thinking and memory). During a phone interview on 1/28/26 at 10:39 AM with Certified Nursing Assistant (CNA) 1, CNA 1 stated that on Sunday (1/25/26) at approximately 2:15 PM, Resident 1 showed her a notepad with the word rape written on it and stated that the male CNA on the NOC (night) shift was raping him. CNA 1 stated she reported the allegation to Licensed Nurse (LN) 3 between 2:30 PM and 3:00 PM on 1/25/26 and provided a written statement the same day.During a phone interview on 2/2/26 at 2:28 PM with Licensed Nurse (LN) 3, LN 3 stated that she was notified of the allegation involving Resident 1 at approximately 2:30 PM on 1/25/26 and immediately notified LN 2.During a review of the facility's Progress Note dated 1/25/26 at 5:15 PM, authored by LN 2, the note indicated the Administrator (ADM) and Director of Nursing (DON) were made aware of the allegation.During an interview on 1/28/26 at 11:37 AM with the ADM, the ADM stated she was notified of the allegation on 1/25/26 at approximately 3:17 PM. The ADM stated the CDPH was notified on 1/25/26; however, she was unable to provide evidence of the exact time of notification.During an interview on 1/28/26 at 1:20 PM with the Director of Nursing (DON), the DON stated that law enforcement was notified on 1/25/26 at approximately 4:15 PM. The DON stated that the CDPH was notified on 1/25/26; however, she was unable to provide evidence of the time of notification.During a review of the SOC 341 submitted to the CDPH by the facility, the SOC 341 for Resident 1 was received via email on 1/26/26 at 1:57 PM.During a telephone interview on 2/23/26 at 9:39 AM with the ADM, the ADM stated she was aware that the alleged abuse involving Resident 1 should have been reported to the CDPH within two hours. The ADM stated staff documented that the SOC 341 was sent to CDPH; however, she was unable to provide documentation confirming submission to CDPH within the required two-hour timeframe on 1/25/26.A review of the facility's policy titled Abuse Prevention Program, revised 12/2016,</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>indicated, residents have the right to be free from abuse.this includes.sexual abuse.Investigate and report any allegations of abuse within timeframes as required by federal requirements.</p>