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	06/17/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report an allegation of physical abuse to the state survey agency for one of three sampled residents (Resident 1) when, Responsible Party (RP) 1 indicated to the Director of Nursing (DON) that Resident 1 might have been handled roughly by staff and RP 1 suspected physical abuse after both of Resident 1's arms were found to have bruises on them on 4/20/26.This failure resulted in a delay of the state survey agency investigating an allegation of abuse, which had the potential to put Resident 1's, and other residents in the facility, health and safety at risk.Findings:Review of Resident 1's admission RECORD indicated, Resident 1 was admitted to the facility with multiple diagnoses including but not limited to, Senile degeneration of the brain, (age-related, progressive declines in cognitive function-such as memory, reasoning, and daily living skills), dementia (decline in mental ability severe enough to interfere with daily life) and major depressive disorder (a serious mood disorder causing persistent feelings of sadness, hopelessness, and a loss of interest in activities).During an interview on 6/16/26, at 2:21 p.m., RP 1 stated that on 4/20/26, she reported to the DON that she suspected physical abuse to Resident 1 had occurred after Resident 1 was found to have bruises on both of her arms.During an interview on 6/17/26, at 12:55 p.m., Treatment Nurse (TN) 1 stated she assessed Resident 1 on 4/20/26 along with the DON and they found bruises on both arms of Resident 1.During an interview on 6/17/21, at 1:45 p.m., the DON confirmed she assessed Resident 1 on 4/20/26 with TN 1 and found bruises on both arms of Resident 1. The DON stated she reported this finding to RP 1 who then alleged that Resident 1 might have been the victim of physical abuse by a staff member. The DON stated she reported this finding to the Administrator (ADM). The DON further stated that this incident was reportable and any allegation of physical abuse was reportable to the state survey agency. The DON stated she believed that this allegation was reported to the state survey agency by the ADM.During an interview on 6/17/26, at 2:35p.m., the ADM stated, no allegation of physical abuse to Resident 1 was reported to her by the DON. The ADM stated all allegations of abuse needed to be reported to the administrator of the facility and the state survey agency. The ADM stated not reporting abuse put Resident 1 at risk of not receiving proper treatment and repeated abuse. The ADM stated it was very important to report all allegations of abuse to ensure the safety of the patient and to prevent and stop further incidents of abuse. Review of Resident 1's Skin/Wound Note, dated 4/20/26, indicated, .Upon skin evaluation by the writer and DON [Resident 1] noted with scattered discolorations to bilateral [both] upper extremities and skin tear [when the top layer of your skin separates from the underlying layer that typically resemble a large cut or scrape] to right forearm.Review of Resident 1's NSG [nursing]: Weekly Observation dated 4/21/26, under the section Nutrition/Skin, indicated, .Skin Tear(s) .right forearm.Ecchymosis [Bruising].bilateral upper extremities.Review of Resident 1's order dated 4/20/26, indicated, .TX [treatment]: Ecchymosis .Site: bilateral upper extremities. Monitor daily for increase in size, shape, skin breakdown and s/sx [signs and symptoms] of infection and notify physician if indicated until resolved, every shift.Review of a facility policy and procedure (P&P) titled Reporting Abuse to State Agencies and Other Entities/Individuals revised 12/06, the P&P indicated, .All suspected violations and all substantiated incidents of abuse will be immediately (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
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported to appropriate state agencies or individuals as may be required by the law. Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of an unknown source, or abuse (including resident to resident abuse) be reported, the facility Administrator, or his/her designee, will promptly notify the following persons or agencies (verbally and written) of such incident: a. The state licensing/certification agency responsible for surveying/licensing the facility.2. Verbal/written notices to agencies will be made within twenty-four (24) hours of the occurrence of such incident.