

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 09/20/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>47046</p> <p>Based on interview and record review, the facility failed to ensure coordination of specialized mental health services for 1 of 38 sampled residents (Resident 1), when the facility failed to respond to the state designated authority for further PASRR (Pre-Admission Screening and Resident Review-a tool used to ensure residents with certain mental illnesses receive care needed in the most appropriate setting) Level II needs.</p> <p>This deficient practice had the potential for Resident 1 to not receive additional care and services related to a mental disorder.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated she was admitted to the facility in August 2024 with diagnoses which included bipolar disorder (a mental illness that causes extreme mood swings, or shifts in energy, activity, and concentration that can make it hard to do daily tasks), and schizophrenia (a serious mental illness that affects a person's thoughts, feelings, and behaviors).</p> <p>During a concurrent interview and record review on 9/18/24 at 11:09 a.m., with the Minimum Data Set Case Manager (MDSCM), Resident 1's PASRR Level II letter dated 8/21/24 indicated, . Facility staff were unresponsive to two or more separate attempts of communication within 48 hours of the Level I Screening. The case is now closed. To reopen, the facility must resubmit a new Level I Screening . The MDSCM stated a new PASRR Level I screening was completed for Resident 1 on 9/18/24. The PASRR screening indicated Resident 1 had serious mental illness diagnoses, was receiving psychotropic medications (any drug that affects brain activities associated with mental processes and behavior), and indicated Resident 1 required a PASRR Level II Screening.</p> <p>During an interview on 9/19/24 at 9:24 a.m. with the MDSCM, the MDSCM confirmed the PASRR Level II was closed because the agency was not able to contact anyone at the facility and it had to be reopened. The MDSCM stated the PASRR Level II screening was very important for Resident 1 and would ensure she received any additional services she might qualify for.</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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy titled, Preadmission Screening Resident Review (PASRR), undated, indicated, .All Residents initially entering the facility will have a PASRR completed to determine if they are mentally ill .If a recipient is found to be mentally ill, the screening helps determine whether NF [nursing facility] care is appropriate or whether the recipient needs specialized services .		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>50161</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident centered care plan for 2 of 38 sampled residents (Resident 76 and Resident 104) when,</p> <ol style="list-style-type: none"> 1. Resident 76 required oxygen therapy via a nasal cannula (NC- tubing which delivers oxygen into your nose) but often removed the tubing, and his care plan did not include interventions which would ensure his oxygen level remained above 90%; and, 2. Resident 104's intravenous (IV, refers to a way of giving a drug or other substance through a needle or tube inserted into a vein) therapy care plan was not specific to her midline catheter (a long, thin, flexible tube which is inserted into a large vein in the upper arm). <p>These failures placed Resident 76 at risk of adverse effects of not enough oxygen, and placed Resident 104 at risk for harm related to inadequate care of her midline IV.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of Resident 76's ADMISSION RECORD indicated Resident 76 was admitted to the facility in the beginning of 2024 with diagnoses including hepatic encephalopathy (a brain disorder which occurs when the liver doesn't filter toxins), chronic obstructive pulmonary disease (COPD-a chronic lung disease), CHF (congestive heart failure-when the heart is weak and doesn't pump well. It can cause shortness of breath), and anxiety disorder. <p>Review of Resident 76's clinical record, Progress Note, dated 9/10/24, indicated, .Medication Administration Note .Oxygen: 2 Liters/min [the flow rate of oxygen] via Nasal Canula Every Shift for hypoxia/shortness of breath [hypoxia is when there is not enough oxygen and can lead to tissue damage]. Goal is to maintain oxygen saturations above 90% . every shift .</p> <p>Review of Resident 76's care plan, dated 3/18/24, indicated, .Problem .admitted on oxygen therapy r/t [related to] CHF .Interventions .Administer oxygen as ordered by Physician .</p> <p>Review of Resident 76's care plan, dated 3/18/24, indicated, .Problem .The resident has COPD .Goal .The resident will display optimal breathing patterns daily through review date .Interventions/Tasks .Administer oxygen therapy as ordered by physician .</p> <p>Review of Resident 76's care plan, dated 9/10/24, indicated, .Problem .Covid-19 Infection .Intervention . Observe for psychosocial changes in behavior .Oxygen supplementation as indicated .</p> <p>During an observation on 9/18/24 at 11:05 a.m., Resident 76 was lying in bed and was not wearing his nasal canula. The oxygen concentrator (a machine which takes the room air and turns it into a higher percentage of oxygen) was on and running at 2.5 liters/min.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 9/18/24 at 11:15 a.m., with Certified Nursing Assistant (CNA) 5, in Resident 76's room, CNA 5 stated Resident 76 got up to go to the bathroom and would take off his NC. CNA 5 stated the last time she saw Resident 76 wearing his NC was at breakfast around 9 a.m.</p> <p>During a concurrent observation and interview on 9/18/24 at 11:25 a.m., with Licensed Nurse (LN) 3, in Resident 76's room, LN 3 confirmed Resident 76 was not wearing his oxygen. LN 3 stated she was not sure how long Resident 76 was not wearing oxygen.</p> <p>During an interview on 9/18/24 at 11:35 a.m., LN 3 stated Resident 76 needed oxygen continuously due to his heart condition. LN 5 explained Resident 76 had a diagnosis of Covid-19 was on isolation and he needed more frequent checks. LN 5 stated if Resident 76 needed to go to the bathroom the CNA was to assist him. LN 5 stated if he did not wear his oxygen, his oxygen levels could drop, and he could experience shortness of breath and hypoxia.</p> <p>During an observation on 9/19/24, at 8:55 a.m., Resident 76 was lying in bed and was not wearing his NC. The oxygen concentrator was running. Resident 76's NC was on the floor behind his bed.</p> <p>During a concurrent observation and interview on 9/19/24 at 9:06 a.m., with LN 20 and CNA 6, in Resident 76's room, LN 20 confirmed Resident 76 was not wearing his NC for his oxygen therapy and stated he should be. LN 20 checked Resident 76's oxygen saturation, and confirmed his level was 88%. It took approximately 5 minutes for Resident 76's oxygen saturation to reach 92%. LN 20 stated Resident 20 had COPD and should be receiving oxygen at 2 L/min to keep his oxygen saturation above 90%.</p> <p>During a concurrent interview and record review on 9/20/24 at 9:00 a.m., the Assistant Director of Nurses (ADON) stated residents should always wear oxygen if they had orders to do so. The ADON stated staff should give frequent reminders for residents to wear them and for residents who were confused, nursing staff should do frequent checks. The ADON stated for residents who were on isolation for Covid-19 she expected nursing staff to check residents frequently. The ADON stated if the resident was observed not wearing their oxygen, then they would require more frequent checks. The ADON reviewed Resident 76's care plans and stated there were no interventions in place for frequent monitoring due to his not wearing oxygen or forgetting to put it on. The ADON stated residents who were confused often needed frequent checks to ensure they were wearing their oxygen.</p> <p>During an interview on 9/20/24, at 2:36 p.m., LN 8 stated if there were concerns for residents who are not wearing their oxygen nasal canula, then it would be important to plan their care including encouraging staff to explain and remind the resident to keep their oxygen on, check on the resident more frequently such as every 1-2 hours, checking to make sure they are wearing their oxygen, and have no respiratory symptoms.</p> <p>Review of a facility policy titled Oxygen Administration, dated 7/1/20, indicated, .The purpose of this procedure is to provide guidelines for safe oxygen administration .Preparation .Review the resident's care plan to assess for any special needs of the resident .</p> <p>2. Review of Resident 104's ADMISSION RECORD indicated Resident 104 was admitted to the facility in mid-2024 with diagnosis including but not limited to infection and inflammatory reaction due to internal left hip prosthesis (artificial joint) and disruption of external operation (a surgical complication that occurs when a surgical incision reopens after closure).</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 104's Order Progress Summary, dated 8/18/24, indicated, .PICC-PICC [PICC, a peripherally inserted central catheter is a long, thin tube that is inserted through a vein in the arm and passed through to the larger veins near the heart] Line Site Location Right upper arm .for left Hip wound .</p> <p>Review of Resident 104's clinical record, a progress note dated 8/21/24, indicated, .ceFAZolin Sodium Intravenous Solution [antibiotic used to treat infection] .Use 2 gram [dose] intravenously three times a day for left hip wound/ dehiscence [partial or total separation of a wound] until 09/22/2024 .</p> <p>Review of Resident 104's clinical record, a progress note dated 9/3/24, indicated, .[Name of Company providing midline/PICC insertions], here today, midline placed in RUA [right upper arm]. Drsg [dressing] clean and intact, line patent, flushing well .</p> <p>Review of Resident 104's care plan, dated 9/8/24, indicated, .Problem .Intravenous (IV) Therapy. At risk for IV therapy complication(s): Phlebitis [inflammation of a vein], Extravasation [leakage of IV administered solution into surrounding tissues, which can cause serious damage], Air Embolism [occurs when air or gas is admitted into the vascular system]. At risk for adverse drug reaction .Goal .Will have signs/symptoms of complications r/t [related to] IV therapy identified and managed through the review date .Interventions . Administer IV therapy/medication as ordered by physician .</p> <p>Review of Resident 104's clinical record, a progress note dated 9/12/24, indicated, .Resident accidentally pulled her Midline out, when she was trying to go to the restroom. Writer inserted IV cannula @ [at] right arm using Gauge #22 [describes the size of the IV catheter]. Pt. tolerated well. Endorsed to NOC [night shift] RN for Midline placement order .Author [LN 7]</p> <p>Review of Resident 104's clinical record, a progress note dated 9/15/24, indicated, .[Name of company] this am to place new midline. Midline placed in RUA, pt tolerated well .</p> <p>During a concurrent observation and interview on 9/17/24, at 1:56 p.m., with Resident 104 and Family Member (FM) 1, FM 1 stated Resident 104 had been in the facility since the end of August and stated she was here because she is receiving antibiotics for hip surgery. FM 1 stated Resident 104 had initially gone home after hip surgery, but it got infected, so the doctors redid the surgery. FM 1 explained Resident 104 was now on antibiotics. Resident 104 was observed to have a midline catheter to left upper arm.</p> <p>During a concurrent interview and record review on 9/20/24, at 9:00 AM, the Assistant Director of Nurses (ADON) stated midline catheters were placed further up in the arm. The ADON stated there was care specific to the midline and it required a care plan. The ADON stated the care plan would indicate the maintenance of the type of IV access line the resident has, the frequency of dressing change, frequency of flushing, and signs and symptoms to look for regarding infection or other problems. The ADON stated only Registered Nurses could perform the dressing changes for the midline and they were done every seven days. The ADON stated PICC/Midline catheters were riskier due to the length of the catheter line. The ADON reviewed Resident 104's care plan for intravenous therapy dated 9/8/24 and confirmed the care plan did not specify the type of IV line she had, nor did it specify the dressing changes or signs and symptoms to look for specific to the risk of her midline catheter. The ADON explained these should be included in Resident 104's care plan.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy titled Care Plan, undated, indicated, .Our facility develops a resident centered comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs .An Interdisciplinary Assessment Team, in coordination with the resident .develops and maintains a comprehensive care plan for each resident .The comprehensive care plan has been designed to .Incorporate identified problem areas .Incorporate risk factors associated with identified problems . Care plans are revised as changes in the resident's condition dictate. Reviews are made at least quarterly .</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50161</p> <p>Based on observation, interview, and record review, the facility failed to provide care according to professional standards of practice for 1 of 38 sampled residents (Resident 104) when a licensed nurse (LN) inserted a peripheral IV (intravenous device placed in a vein of the hand or arm and used to deliver fluids or medication) without a physician order.</p> <p>This failure had the potential to place Resident 104 at risk for complications related to inadequate maintenance of the peripheral IV.</p> <p>Findings:</p> <p>Review of Resident 104's ADMISSION RECORD indicated Resident 104 was admitted to the facility in mid-2024 with a diagnosis of infection and inflammatory reaction due to internal left hip prosthesis (artificial joint) and disruption of external operation (a surgical complication that occurs when a surgical incision reopens after closure).</p> <p>Review of Resident 104's clinical record, Progress Note, dated 8/21/24, indicated, .ceFAZolin Sodium Intravenous Solution [antibiotic used to treat infection] .Use 2 gram intravenously three times a day for left hip wound/ dehiscence [partial or total separation of a wound] until 09/22/2023 .</p> <p>Review of Resident 104's clinical record progress note, dated 9/03/24, indicated, .[Name of company providing IV midline insertions-long catheters placed into a large vein in the arm], here today, midline placed in RUA [right upper arm]. Drsg [dressing] clean and intact, line patent, flushing well .</p> <p>Review of Resident 104's care plan, dated 9/8/24, indicated, .Problem .Intravenous (IV) Therapy. At risk for IV therapy complication(s): Phlebitis [inflammation of a vein], Extravasation [is the leakage of IV administered solution into surrounding tissues, which can cause serious damage to the patient], Air Embolism [occurs when air or gas is admitted into the vascular system]. At risk for adverse drug reaction .Goal .Will have signs/symptoms of complications r/t [related to] IV therapy identified and managed through the review date . Interventions .Administer IV therapy/medication as ordered by physician .</p> <p>Review of Resident 104's clinical record progress note, dated 9/12/24, indicated, .Resident accidentally pulled her Midline out when she was trying to go to the restroom. Writer inserted IV cannula [a short thin tube] @ [at] right arm using Gauge #22 [describes the diameter of the tube]. Pt. tolerated well . Endorsed to NOC [night shift] RN for Midline placement order .Author [LN 7]</p> <p>Review of Resident 104's clinical record progress note, dated 9/15/24, indicated, .[Name of company] here this am to place new midline .</p> <p>(continued on next page)</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 9/17/24, at 1:56 p.m., with Resident 104 and Family Member (FM) 1, FM 1 stated Resident 104 had been in the facility since the end of August and stated she was here because she was receiving antibiotics for hip surgery. FM 1 stated Resident 104 had initially gone home after hip surgery, but it got infected, so the doctors redid the surgery. FM 1 explained Resident 104 was now on antibiotics until 9/22/24. Resident 104 had a midline catheter in her left upper arm and a peripheral catheter on her right hand.</p> <p>During a concurrent observation and interview on 9/17/24 2:05 p.m., Licensed Nurse (LN) 4 confirmed Resident 104 had a peripheral line to her right hand with a date written on the dressing of 9/12/24 and left midline with a date written on the dressing of 9/16/24. Regarding Resident 104 having two IV access lines, LN 4 stated she was not sure why she had two IV lines.</p> <p>In a concurrent interview and record review on 9/20/24 9:00 AM, the Assistant Director of Nurses (ADON) stated a peripheral line could stay in place for five days before it needed to be removed. The ADON reviewed Resident 104's clinical record and was not able to locate a physician order for the peripheral line placed on 9/12/24 by the LN. The ADON confirmed there was also no nursing progress note indicating Resident 104's medical doctor was called by the LN regarding the dislodgement of her midline on 9/12/24. The ADON stated the LN should have called the doctor to let them know Resident 104 pulled out her midline and obtain a physician order prior to inserting a peripheral line. The ADON explained the physician may have wanted to change the antibiotic order to a different medication, since not all antibiotics could be given through a peripheral IV.</p> <p>In an interview and record review on 9/20/24, at 3:21 p.m., Medical Doctor (MD) 1 stated she did not recall or have record of the LN calling regarding Resident 104 needing a peripheral line on 9/12/24. MD 1 stated she did not place an order for Resident 104 to receive a peripheral line on 9/12/24 or thereafter. MD 1 stated there had been some issues with nursing staff not notifying at the time of the incident, and staff should have notified the MD of Resident 104's dislodged midline IV and should have received an order before placing a peripheral IV.</p> <p>Review of a facility policy titled OVERVIEW OF IV THERAPY, revised 10/15/18, indicated, .Short Peripheral Catheters .Short catheters that start and stop in the peripheral veins of the arms or hand. These catheters should not be used for infusing fluids or medications that have a pH of less than 5 or greater than 9 .Length of therapy determines catheter type . Peripheral catheters are for short term therapies (typically for less than 1 week) .Requires verbal consent for placement .</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>47046</p> <p>Based on observation, interview, and record review, the facility failed to provide weekly showers to 1 of 38 sampled residents (Resident 48) as requested by Resident 48.</p> <p>This failure resulted in Resident 48 not receiving preferred bathing services (showers) and had the potential to result in decreased comfort and hygiene.</p> <p>Findings:</p> <p>A review of Resident 48's Admission Record, indicated Resident 48 was admitted to the facility in March 2022 with diagnoses which included, abnormalities of gait and mobility.</p> <p>A review of Resident 48 's Minimum Data Set (MDS- an assessment and care screening tool) dated 7/2/24, indicated Resident 48 had the ability to understand and be understood by others with an intact memory and a Brief Interview for Mental Status (BIMS) score of 15 (The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points suggests severe cognitive impairment. 8 to 12 points suggests moderate cognitive impairment. 13 to 15 points suggests that cognition is intact). The functional status section of the MDS indicated Resident 48 required substantial/ maximal assistance from staff for her upper body dressing and personal hygiene.</p> <p>During an interview on 9/17/24 at 5:27 p.m. in Resident 48's room, Resident 48 stated that she had been on COVID precautions since 9/8/24. Resident 48 stated her only concern was that she was not getting a shower since she had been on COVID precautions. Resident 48 stated her last shower was more than a week ago, and she preferred a shower to a bed bath.</p> <p>A review of Resident 48's care plan for ADL [activities of daily living] self-care performance deficit, dated 2/9/24, indicated, [Resident 48] At risk for altered ADL self care performance r/t requires assist of 1-2 person to start and complete most ADL task- .hygiene/grooming, bathing . Interventions/Tasks .Provide bathing assistance per Resident's preferences .</p> <p>During a concurrent interview and record review on 9/20/24 at 8:21 a.m. with the Director of Staff Development (DSD), Resident 48's shower schedule was reviewed. The DSD stated Resident 48 was scheduled for a shower every Monday and Thursday. The DSD was able to provide shower sheets for 9/2/24 and 9/5/24 for the month of September. The DSD was unable to provide documentation to show Resident 48 received a shower between 9/6/24 and 9/20/24.</p> <p>During a concurrent interview and record review on 9/20/24, at 8:34 a.m., with Certified Nursing Assistant (CNA) 1, Resident 48's Activities of Daily Living (ADL) flowsheet, dated September 2024 was reviewed. CNA 1 stated Resident 48's ADL flowsheet under type of bathing, indicated no showers had been given from 9/6/24 to 9/19/24. CNA 1 stated NA was documented from 9/6/24 to 9/19/24. CNA 1 stated NA denoted not applicable and stated staff documented NA when they did not provide a shower/bath to residents.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 48's Documentation Survey Report v2 dated September 2024, indicated Resident 48 received bath on 9/4/24, a shower on 9/5/24, and partial baths on 9/12/24, 9/17/24, and 9/18/24.</p> <p>During an interview on 9/20/24, at 11:19 a.m., with the Assistant Director of Nursing (ADON), the ADON stated CNAs were to provide residents showers according to the resident's shower schedule and document the shower on the ADL flowsheet and complete a Shower Sheet each time a shower was given. The ADON also stated if a resident was on COVID precautions, CNAs still had to provide a scheduled shower. The ADON explained showers and baths were very important for residents for hygiene, cleanliness and to prevent infection.</p> <p>During a review of the facility's policy and procedure (P&P) titled, ADL CARE PROVIDED FOR DEPENDENT RESIDENTS, dated June 2016 and revision date March 2018, the P&P indicated, .A resident who is unable to carry out activities of daily living receives the necessary services to maintain .grooming, and personal and oral hygiene . Facility staff will assist each resident with bathing .and other activities of daily living as necessary .</p>		

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 09/20/2024
NAME OF PROVIDER OR SUPPLIER English Oaks Convalescent & Rehabilitation Hospita		STREET ADDRESS, CITY, STATE, ZIP CODE 2633 West Rumble Rd Modesto, CA 95350	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47369</p> <p>Based on observation, interview, and record review, the facility failed to ensure professional standards of care were met for 1 of 38 sampled residents (Resident 37) when licensed staff were unable to contact Resident 37's orthopedist (doctor who treats disorders of bones, joints, muscles and tendons) for an order after she returned from an appointment wearing a sling (device worn to support and immobilize a limb) on her right arm and her primary medical doctor (MD) 2 was not notified.</p> <p>This failure led to Resident 37's sling being removed and had the potential for worsening of her condition.</p> <p>Findings:</p> <p>A review of Resident 37's ADMISSION RECORD, indicated she was readmitted to the facility in early 2024.</p> <p>During an interview on 9/19/24, at 11:47 AM, Resident 37 stated her right arm was extremely swollen, had limited movement, and caused her discomfort.</p> <p>During an interview on 9/19/24, at 12:48 PM, Licensed Nurse (LN) 5 stated Resident 37 went to an orthopedic appointment on 9/3/24 for her right shoulder. LN 5 further stated Resident 37 returned from the appointment with a sling on her right arm and no new orders. LN 5 stated she contacted the orthopedist's office but did not receive a response back. LN 5 further stated since there was no order for the sling, it was removed from Resident 37's right arm.</p> <p>A review of Resident 37's clinical record, Progress Notes, indicated, .09/04/2024 10:34 .Writer called [orthopedist] office requesting for MD to call back left phone number and extension. Pending MD response . and .09/19/2024 14:17 [2:17 PM] .writer received fax from unknown sender that pt needs x-rays of the right shoulder .No MD was clearly named on the fax .</p> <p>A review of Resident 37's orthopedic Progress Notes, obtained by the facility on 9/20/24, indicated, . 09/03/2024 .Chief Complaint(s) .New patient, right shoulder pain .Clinical Notes .We are going to ask that they take her over and get x-rays .Referral to: DME [durable medical equipment, medical supplies] . Reason: Right shoulder Ultra sling .</p> <p>During an interview on 9/20/24, at 12:33 PM, the Assistant Director of Nurses (ADON) confirmed there was no documentation to indicate MD 2 had been informed of the staff's inability to reach the orthopedist and there should have been. The ADON further stated not contacting the MD put Resident 37 at risk of delayed care including any needed follow up appointments.</p> <p>During a telephone interview on 9/20/24, at 1:20 PM, MD 2 confirmed he was not informed by staff when they were unable to obtain orders from Resident 37's orthopedist. MD 2 stated it was his expectation that staff would always obtain appointment notes.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy and procedure titled, Change in a Resident's Condition or Status, revised February 2021, indicated, .Our facility promptly notifies the resident, his or her attending physician .of changes in the resident's medical/mental condition and /or status .The nurse will notify the resident's attending physician or physician on call when there has been a (an) .significant change in the resident's physical/emotional/mental condition .The nurse will record in the resident's medical record information relative to changes in the resident's medical /mental condition or status .</p> <p>A review of a facility job description titled Charge Nurse, dated 2003, indicated .Charting and Documentation . Report all discrepancies noted concerning physician's orders .to the Nurse Supervisor .Nursing Care Functions .Assess resident and notify the resident's attending physician .when there is a change in the resident's condition .</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47046</p> <p>Based on observation, interview, and record review, the facility failed to implement measures to minimize accidents when:</p> <ol style="list-style-type: none"> 1. One of fourteen resident's (Resident 122) wander guard to prevent elopement (a device used to alert staff if a resident leaves without their knowledge) was not being monitored; and, 2. One of three residents who smoked (Resident 296) was not assessed for the ability to smoke safely in a timely manner. <p>These failures placed Resident 122 at an increased risk of physical harm due to his behavior of wandering in and outside the facility; and had the potential to result in Resident 296 not using her smoking device safely and could expose other residents to aerosols from an electronic cigarette device.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 122's Admission Record (AR) indicated Resident 122 was admitted to the facility in 2023 with a diagnosis of Parkinson's disease (a progressive brain disorder that causes shaking, stiffness, and difficulty with balance and coordination). <p>A review of Resident 122's Minimum Data Set (MDS, an assessment and care screening tool) dated 9/3/24, indicated Resident 122 had a Brief Interview for Mental Status (BIMS- an assessment tool used by facilities to identify memory, orientation, and judgement of the resident) score of 99 (indicates Resident 122 was unable to complete the interview).</p> <p>A review of Resident 122's clinical record, Progress Notes dated 9/7/24, indicated, .Resident [Resident 122] was seen going outside the front door by housekeeping. Housekeeping alerted charge nurse and called supervisor said to have someone watch resident outside .resident got angry when staff tried to redirect resident to come inside and wait for staff .</p> <p>A review of Resident 122's clinical record titled, NSG: Elopement Risk- V 2, dated 9/16/24, indicated, . Problem: At risk for elopement r/t the following risk factors: impulsive behavior with poor safety awareness and history of attempting to leave facility unattended .</p> <p>During a concurrent interview and record review on 9/19/24, at 9:42 a.m. with Licensed Nurse (LN) 11, Resident 122's clinical records were reviewed. LN 11 stated Resident 122 was at high risk for elopement because sometimes he would try to leave the building. LN 11 stated they had not been monitoring his wander guard placement. LN 11 further stated a wander guard without proper monitoring increased the risk for any resident to go outside alone without staff's knowledge.</p> <p>During a concurrent observation and interview on 9/19/24 at 9:48 a.m., Resident 122 had a walker with a wander guard wrist band on it. Resident 122 stated it was his wrist band and he did not know why he had it.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/19/24, at 1:06 p.m. with the Assistant Director of Nursing (ADON), the ADON confirmed Resident 122 was high risk for elopement. The ADON stated Resident 122 had a wander guard and staff should be monitoring the wander guard for placement and functioning. The DON further stated there was a potential risk for Resident 122 to wander unsupervised outside of the facility. The ADON explained it was not safe for Resident 122 to be outside by himself.</p> <p>During a telephone interview on 9/20/24 at 8:54 a.m. with Certified Nursing Assistant (CNA) 4, CNA 4 stated he was working on 9/7/24 when Resident 122 went outside the facility without notifying staff. CNA 4 further stated he went outside and observed Resident 122 standing by the road. CNA 4 explained Resident 122 was not wearing his wander guard wrist band.</p> <p>During a review of the facility's policy titled, Wandering Residents undated, indicated, .Every effort will be made to prevent wandering episodes .who are at risk for elopement .If a resident repeatedly wanders off the unit, a monitoring schedule will be implemented to ensure resident safety .a Wander Guard device will be placed on the Resident or appropriate equipment .</p> <p>During a review of the facility provided manufacturer's information, Installation and Use Instructions for the anti-wandering system used at the facility, undated, indicated, .To meet industry standards, door bars and wrist bands should be tested to assure proper functionality .</p> <p>40583</p> <p>2. A review of Resident 296's Admission Record (a document containing clinical and demographic data) indicated Resident 296 was admitted on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease (COPD - a lung disease causing restricted airflow and breathing problems), dependence on supplemental oxygen, and nicotine dependence.</p> <p>During an interview with Resident 296 on 9/19/24, at 3:46 PM, Resident 296 stated she had been using her vape pen (battery-operated device that people use to inhale an aerosol, which typically contains nicotine) since arriving at the facility.</p> <p>A review of Resident 296's clinical record, Smoking Risk, dated 9/10/24, indicated the assessment was completed 12 days after admission.</p> <p>During an interview with the Assistant Director of Nursing (ADON), on 9/19/24, at 4:30 PM, the ADON confirmed Resident 296 was admitted on [DATE], and Resident 296's Smoking Evaluation was not completed until 9/10/24. The ADON explained if a Smoking Risk assessment was not done it could put the resident at risk, especially if they were on oxygen. The ADON further explained without having done the Smoking Risk assessment, staff could be unaware of a resident who was a smoker.</p> <p>A review of the facility policy titled, Smoking Policy - Residents, revised July 2017, indicated, .The resident will be evaluated on admission to determine if he or she is a smoker or non-smoker. If a smoker, the evaluation will include .Current level of tobacco consumption .Method of tobacco consumption .Desire to quit smoking, if a current smoker .Ability to smoke safely with or without supervision (per a completed Safe Smoking Evaluation) .</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>47046</p> <p>Based on interview and record review, the facility failed to ensure safe medication use for one of five residents (Resident 110) on antipsychotic medication, when Resident 110's antipsychotic drug, called Haldol (a drug used to treat a variety of mental and neurological disorders) was not monitored for its effectiveness.</p> <p>These failures placed Resident 110 at risk for inadequate symptom relief and/or adverse effects from the use of an anti-psychotic medication.</p> <p>Findings:</p> <p>A review of Resident 110 's Admission Record (AR) indicated Resident 110 was admitted to the facility in August 2024 with diagnoses which included dementia (a progressive state of decline in mental abilities), and personality disorder.</p> <p>During a review of Resident 110's medical record titled, Minimum Data Set, (MDS- a resident assessment tool), dated 8/12/24, section I under Psychiatric/Mood disorder, indicated, Anxiety Disorder: [box checked]; Depression (other than bipolar): [box checked] .</p> <p>During a review of Resident 110's Care Plan initiated on 8/19/24, the care plan indicated, . [Resident 110] receiving antipsychotic medication r/t [related to] Medical Diagnosis: Personality disorder .Quetiapine [a medication that treats several kinds of mental health conditions] At risk for adverse drug reaction. Haldol for agitation m/b [manifested by] aggressive behavior .Monitor/ record occurrence of target behavior symptom(s) QS [Each shift].</p> <p>A review of Resident 110's medical record titled, Order Summary Report, indicated, Resident 110 was on multiple mind-altering medications including Haldol and Quetiapine as follows:</p> <p>Haloperidol [Haldol] Lactate Concentrate 2 MG (milligrams - a unit of measure)/ML (milliliter- a unit of measure) Give 0.5 ml by mouth every 12 hours for agitation M/b aggressive behavior .Order Date .8/15/24 .</p> <p>Quetiapine Fumarate oral tablet 100 MG .Give 1 tablet by mouth at bedtime for personality disorder . order date .08/07/2024 .</p> <p>Quetiapine Fumarate Tablet 50 MG .Give one tablet by mouth two times a day for personality disorder m/b episodes of striking out, Give 75 mg TOTAL. Give with 25 mg tablet .order date .08/21/2024 .</p> <p>During an interview on 9/19/24 at 11:20 a.m. with the Assistant Director of Nursing (ADON), the ADON confirmed aggressive behavior which indicated Haldol use was not monitored in August 2024. The ADON stated behavior monitoring for Haldol was started on 9/17/24 during the evening shift. The ADON further stated Resident 110 should have been monitored for aggressive behavior as an indication for Haldol.</p> <p>(continued on next page)</p>		

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy titled, Antipsychotic Medication Use, undated, indicated, .The staff will observe, document, and report to the Attending Physician information regarding the effectiveness of any interventions, including antipsychotic medications .		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>40583</p> <p>Based on observation, interview, and record review, the facility failed to protect residents from significant medication errors when 1 of 38 sampled resident's (Resident 137) Midodrine (medication used to raise blood pressure and prevent it from going too low) was not administered per physician orders.</p> <p>This deficient practice had the potential for Resident 137 to suffer serious consequences from blood pressure being too high if the medication was given and was not needed, or symptoms such as dizziness from not receiving the medication when it was needed.</p> <p>Findings:</p> <p>Resident 137 was admitted to the facility with diagnoses which included, Aphasia [loss of ability to understand or express speech, caused by brain damage] Following Cerebral Infarction [stroke].</p> <p>A review of Resident 137's physician order's indicated, Midodrine HCl Oral Tablet 5 MG [milligrams - a unit of measure] Give 1 tablet via PEG-Tube [a feeding tube that allows you to get nutrition and medications through a tube inserted into your stomach] three times a day for Hypotension [low blood pressure] Hold for SBP [systolic blood pressure- the upper number] > [greater than] 130.</p> <p>During a concurrent interview and review of Resident 137's Medication Administration Record, (MAR) for August and September 2024 with the Assistant Director of Nursing (ADON), on 9/20/24, at 11:30 AM, the ADON stated Midodrine was held or administered outside of physician ordered parameters for blood pressure on the following dates in September 2024:</p> <p>9/3/24 5PM 130/67 held and should have been administered;</p> <p>9/7/24 5PM 141/74 administered and should have been held;</p> <p>9/8/24 1PM 132/66 administered and should have been held;</p> <p>9/9/24 5PM 138/91 administered and should have been held;</p> <p>9/14/24 1PM 98/70 held and should have been administered;</p> <p>9/15/24 9AM 137/66 administered and should have been held;</p> <p>9/15/24 5PM 95/86 held and should have been administered.</p> <p>The ADON confirmed Midodrine was held or administered outside of physician ordered parameters on the following dates in August 2024:</p> <p>8/11/24 5PM 107/60 held and should have been administered;</p> <p>8/16/24 1PM 136/70 administered and should have been held;</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8/17/24 1PM 125/68 held and should have been administered;</p> <p>8/19/24 5PM 130/57 held and should have been administered;</p> <p>8/23/24 1PM 130/72 held and should have been administered;</p> <p>8/26/24 1PM 132/75 administered and should have been held;</p> <p>8/29/24 5PM 119/72 held and should have been administered.</p> <p>The ADON explained not giving the medication when needed could result in hypotension (low blood pressure) and if the resident's blood pressure was already high, this placed the resident at risk of hypertension (high blood pressure), which increased the potential for stroke.</p> <p>A review of the facility policy titled, Administering Medications, dated 7/1/20, indicated, .It is the policy of this facility that medications shall be administered in a safe and timely manner as prescribed by the healthcare provider .Medications must be administered in accordance with the orders, including any required time frame</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50161</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe medication storage practices in three of nine medication carts (Med Cart, a locked mobile cart used to store medications and supplies) when,</p> <ol style="list-style-type: none"> 1. An expired multi-dose prescription medication was stored and available for use. 2. An undated multidose prescription medication was stored and available for use. 3. An expired single-dose prescription medication was stored and available for use. <p>These failed practices could contribute to unsafe medication storage and administration of outdated and ineffective medications.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on [DATE] at 4:16 p.m., License Nurse (LN) 15 removed a multi-dose inhaler, Willexa Inhub (fluticasone propionate and salmeterol inhalation powder) ,d+[DATE] (a device used to administer medication to treat lung diseases), for Resident 26 from the Med Cart on North Med 3. The multi-dose inhaler had a date written on the date opened label of [DATE]. The manufacture label on the multi-dose inhaler indicated, .Discard 1 month after removal from the foil patch . LN 15 confirmed the date written on multi-dose inhaler was [DATE] and stated the medication should have been discarded closer to [DATE]. <p>According to LexiComp (online resource of information from drug manufacturers), the manufacturer of Willexa Inhub, indicated, . Device should be discarded 1 month after removal from foil pouch, or when dosing indicator reads 0 (whichever comes first) .</p> <p>Review of the facility's policy titled, Storage of Medications, undated, indicated .The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed .</p> <ol style="list-style-type: none"> 2. During a concurrent observation and interview on [DATE] at 9:38 a.m., LN 14 removed a multi-dose injection pen of Ozempic (semaglutide-used to treat blood sugar disorders or weight management, dispensed by a pen like device), for Resident 259 from the Med Cart on 3West. The multi-dose injection pen did not have a date opened label on the medication. The manufacture label on the multi-dose injection pen indicated, .Discard pen 56 days after first use . LN 14 confirmed the medication did not include a date opened label, nor was there a date written anywhere on the medication which indicated the date the medication was opened or first used, and when it should be discarded. <p>During an interview on [DATE] at 1:18 p.m., the Assistant Director of Nursing (ADON) stated she expected LN's to mark medications with the open date and the correct expiration date. The ADON stated after the medication was expired the dose might not be effective.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to LexiComp (online resource of information from drug manufacturers), the manufacturer of Ozempic, indicates, . After initial use, store .for up to 56 days; discard after 56 days .</p> <p>Review of the facility's policy titled Administering Medications, dated [DATE], indicated, .The expiration date on the medication label must be checked prior to administering. When opening a multi-dose container, the date opened shall be recorded on the container .</p> <p>3. During a concurrent observation and interview on [DATE] at 9:38 a.m., LN 14 removed a single-dose package of hydralazine (a blood pressure medication) 50 mg (milligram-a unit for weight) crushed tablet for discharged Resident 1 from the Med Cart on 3West. The medication was prepackaged and the Use By date was [DATE]. The medication was located lying towards the back of the last drawer of the medication cart and was not stored with other resident medication. LN 14 stated she was not sure why the medication was in the drawer. LN 14 stated the medication was expired and should be discarded. LN 14 stated discharged Resident 1 was no longer in the facility.</p> <p>During an interview on [DATE] at 1:18 p.m., the ADON stated the reasonable time to remove discharged resident medications from the medication cart and place in the destruction area in the medication room, was within a day or two. The ADON stated the risk if the discharged medication were to stay in the medication cart would be the LN could inadvertently give the wrong medication to a resident.</p> <p>Review of the facility's policy titled Storage of Medications, undated indicated, .The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed .</p> <p>Review of the facility's policy titled Discarding and Destroying Medications, revised ,d+[DATE], indicated, . Medications that cannot be returned to the dispensing pharmacy (.medications left by the residents upon discharge) are disposed of in accordance with federal, state and local regulations governing management of non-hazardous pharmaceuticals, hazardous waste and controlled substance .Staff shall contact the provider pharmacy if unsure of proper disposal methods for a medication .</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>38924</p> <p>Based on observation, interview, and record review, the facility failed to ensure the kitchen staff competently carried out the functions of the food and nutrition services department according to facility policy and standards of practice when:</p> <ol style="list-style-type: none"> 1. A dishwasher (DSW) did not know how to correctly test the dish machine sanitizer or the safe temperatures and sanitizer levels for the 3-compartment sink. 2. A Diet Aide (DA) did not wash his hands after disposing the trash outside two times, and use proper food safety and sanitation practices to prevent cross-contamination. 3. Two DA's did not correctly demonstrate how to calibrate a thermometer. <p>These failures had the potential to expose residents to bacterial contamination, which could result in food borne illnesses for all residents who consumed food from the kitchen. The facility census was 155.</p> <p>1. During the initial kitchen tour observation, interview, and record review on 9/17/24 at 9:30 AM with DSW 1, DSW 1 tested the chemical sanitizer in the low temperature dish machine. DSW 1 took a test strip and wiped it on the counter where the dishes come out of the dish machine. The test strip turned dark purple. DSW 1 compared the test strip to the colors on the test strip container and stated, it is deep dark purple, and that's fine because it is between 150-200. DSW 1 stated the dish machine wash temperature was 153 degrees Fahrenheit (F) and the rinse temp was 145 F, which was also good. A review of the dish machine sanitizer testing log sheet for September 2024 indicated 200 from September 1 through 17. DSW 1 stated she was trained on how to test the sanitizer process at the facility a while ago.</p> <p>During a record review and interview with the Dietary Services Manager (DSM) on 9/17/24 at 10:35 AM, the DSM acknowledged the 200-ppm written on the dish machine log by the DSWs and stated, it should be 50-100 ppm, and not be 200 ppm. The DSM further stated the vendor Ecolab had trained the kitchen staff on how to correctly test the sanitizer level so they should know how to do it.</p> <p>During an observation and interview on 9/17/24 at 11:38 AM in the kitchen with DSW 1, the DSM, and the dish machine vendor technician (VT), the VT stated he provided education to DSW 1 on how to correctly test the dish machine sanitizer. The VT stated he adjusted the chemicals to 50-100 parts per million (ppm) because it was originally at 200 ppm, which was too high. The VT stated having too much chemical in the water could cause chemical residue on the dishes and into the food. The DSM acknowledge the VT's statement and stated it was important for the DSWs to know how to correctly check the dish machine sanitizer.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER English Oaks Convalescent & Rehabilitation Hospita		STREET ADDRESS, CITY, STATE, ZIP CODE 2633 West Rumble Rd Modesto, CA 95350	
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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 9/17/24 at 10:31 AM with DSW 1 and the DSM at the 3-compartment sink, all the compartments were empty without water or solution. DSW 1 stated she did not know what the three compartments temperature levels should be, or the process to use it if the dish machine goes out. DSW 1 stated she knew the first compartment can't be too hot and the other two compartments can't be too cold. The DSM acknowledged DSW 1 did not know the 3-compartment sink temperatures or the sanitizer level for the third compartment, but she should know them. The DSM stated the wash sink should be 110 degrees and sanitizer level between 150-200 ppm. The DSM filled the third sink and took a test strip to test sanitizer level. The test strip was 150-200 ppm, an olive-green color, and the DSM stated it was correct and okay.</p> <p>During an interview with the Registered Dietitian (RD) on 9/19/24 at 1:20 PM, the RD stated she expected the kitchen staff to know how to correctly test the dish machine and 3-compartment sanitizer levels correctly according to the dish machine's manufacturers operational guidelines.</p> <p>According to the 2022 Federal Food & Drug Administration (FDA) Food Code section 4-501.114, titled Manual and Mechanical Warewashing Equipment, Chemical Sanitization - Temperature, pH, Concentration, and Hardness, A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation . 50-99 mg/L (ppm) .</p> <p>2. During a kitchen observation and interview on 9/17/24 at 12:30 PM with DSW 2 and the DSM, DSW 2 was observed taking out trash to the dumpster. DSW 2 pushed the large black garbage bin from the dish washing room outside to the dumpster on the side of the facility. DSW 2 threw the large plastic bag filled with trash into the dumpster. DSW 2 returned the garbage bin to the kitchen. After he entered the kitchen with the trash bin, he refilled with a new bag then placed it back in the dish room. DSW 2 did not wash his hands after entering the kitchen. DSW 2 then took another garbage bin full of trash outside to dump it. After he returned to the kitchen, he did not wash his hands after returning from the dumpster area into the kitchen. DSW 2 stated he was supposed to wash his hands each time he took the trash outside and returned to the kitchen. DSW 2 further stated he should have worn a disposable apron. The DSM acknowledged DSW 2 didn't wash his hands or wear an apron while taking the trash out, and the DSM stated he should have washed his hands and wore an apron to prevent cross contamination.</p> <p>During an interview on 9/19/24 at 1:20 PM with the RD, the RD stated she expected the kitchen staff to perform hand hygiene and wear the appropriate protection when handling trash to prevent exposure to contamination.</p> <p>According to the 2022 Federal Food & Drug Administration (FDA) Food Code section 2-301.14 titled When to Wash, indicated FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES .(E) After handling soiled EQUIPMENT or UTENSILS .(I) After engaging in other activities that contaminate the hands.</p> <p>3. During a kitchen observation and interview on 9/18/24 at 10:04 AM with DA 2 about thermometer calibration, DA 2 stated she had never been trained on how to correctly calibrate a thermometer. DA 2 stated she takes temperatures of foods to assist the [NAME] but did not know how to calibrate a thermometer.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a kitchen observation and interview 9/20/24 at 10:14 AM with DA 4 about thermometer calibration, DA 4 stated he was not trained on how to calibrate a thermometer at the facility but remembered something about it from a previous job. DA 4 stated he thinks the thermometer has to be around 40 degrees. DA 4 stated he takes food temperatures during the food production process like desserts and other foods to help the Cooks. The DSM stated DA 4 should know how to calibrate a thermometer correctly.</p> <p>According to the California Retail Food Code, section 113928, titled Temperature measuring device, TEMPERATURE MEASURING DEVICE means a thermometer, thermocouple, thermistor, or other device that indicates the temperature of FOOD, air, or water. Section 114159 (e) FOOD TEMPERATURE MEASURING DEVICES shall be calibrated in accordance with manufacturer's specifications as necessary to ensure their accuracy.</p> <p>During an interview on 9/19/24 at 1:20 PM with the RD, the RD stated she</p> <p>conducted monthly in-services and conducted quarterly kitchen sanitation checks. The RD stated the sanitation checks included reviewing the thermometer calibration log for completion. She stated said it was important for the diet aides who are prep cooks to know how to calibrate a thermometer. The RD further stated the kitchen staff in-services included videos, quizzes, and handouts.</p> <p>Review of the facility's Food & Nutrition Services In-Services from November 2023- September 2024, the in-service titled Kitchen Sanitation and Chemical Sanitizers dated 1-19-24 indicated DSW 1 did not attend the in-service. The in-service titled Food Preparation, Calibrating Thermometers, Thawing and Storage of Raw meat dated 5-23-24 indicated DA 2 and DA 4 did not attend the in-service.</p> <p>Review of the facility's policy and procedure (P&P) titled Sanitation dated 2023, indicated 1. The FNS (Food & Nutrition Services) Director is responsible for instructing employees in the fundamentals of sanitation in food service and for training employees to use appropriate techniques .4. The FNS Director is responsible for instructing Food & Nutrition Services personnel in the use of equipment. Each employee shall know how to operate and clean all equipment in his specific work area .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Dishwashing indicated, .All dishes will be properly sanitized through the dishwasher. The dishwasher will be kept clean and in good working order .8. A temperature log (and chlorine log for low-temperature machines) will be kept and maintained by the dishwashers to assure that the dish machine is working correctly .Low-temperature dish machine: .The chlorine should read 50-100 ppm on dish surface in final rinse. The proper chlorine level is crucial in sanitizing the dishes .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled 3-Compartment Procedure for Manual Dishwashing indicated, .The first compartment is for washing. Fill the first compartment with detergent per manufacturer's instructions and hot water (110-120 degrees F). Record on temperature log . The second compartment is for rinsing. Fill the first compartment with detergent per manufacturer's instructions and hot water (110-120 degrees F) .The third compartment is for sanitizing. Fill the third compartment with clean clear water and sanitizer mix. Test the concentration with the appropriate test strip, which is dipped in sanitizer for 10 seconds before reading. Record on log. Must read 200-400 ppm (parts per million). Immerse for 60 seconds .</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's job description titled Dietary Aide, dated 2003, indicated .Administrative Functions . Ensure all food procedures are followed according with established policies .Food Service .Serve meals that are palatable and appetizing in appearance .Clean worktables, meat blocks, refrigerators/freezers, etc.Safety and Sanitation .Prepare food, etc. in accordance with sanitary regulations as well as with our established policies and procedures .Ensure that the department is maintained in a clean and safe manner by assuring the necessary equipment and supplies are maintained .Dispose of waste in accordance with established policies .Wear protective clothing and equipment when handling infectious waste and/or blood/body fluids .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Handwashing indicated . Handwashing is important to prevent the spread of infection .When hands need to be washed: .3. Before and after doing housekeeping procedures .8. Touching trash can or lid .</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>38924</p> <p>Based on observation, interview and record review, the facility failed to ensure resident meals were served at a palatable temperature and flavor according to facility policy.</p> <p>This deficient practice had the potential to result in insufficient food intake, which could impair nutrition status for 145 out of 155 residents who consumed food from the kitchen.</p> <p>Findings:</p> <p>Review of the facility's Fall Menus, Week 3 Wednesday dated 9/18/24, indicated the Regular lunch meal included: Chicken cacciatore- 3 ounce (oz.) of meat, 1-2 oz. sauce, 1/2 cup pasta with garlic and herbs, 1/2 cup broccoli & cauliflower, 1/2 cup Italian green salad, 1/2 oz. dressing, Cranberry crunch square, 4-oz. cup milk. The Pureed meal included the foods listed above but used alternate measuring scoops to prepare the servings.</p> <p>During a kitchen observation and interview on 9/18/24 at 10:05 AM, [NAME] (CK) 1 was preparing the lunch meal items. CK 1 stated she prepared all the food items and they were in the oven or steamer until trayline started. CK 1 stated she was not sure if the regular recipe for pasta with garlic and herbs was fully followed. CK 1 also stated the pureed chicken cacciatore sauce did not have the same food ingredient content as the regular chicken cacciatore. CK 1 acknowledged the flavor of the pureed food may be different than the regular meal food items.</p> <p>During a trayline service observation on 9/18/24 at 11:00 AM, a test tray for the pureed and regular diet meals were ordered to be placed on the [NAME] Hall, Food tray cart. Test tray temperatures and the taste and flavor for the pureed and regular meals were checked by the (Administrator) ADM, the Assistant Dietary Supervisor (ADS), and a Surveyor. The 4-ounce cup of milk was 52 degrees Fahrenheit (F). The ADM stated the milk was a little warm. The ADS stated the pureed salad looked and tasted watery and bland. The ADM stated it had no flavor and could have used the vinaigrette dressing blended into the salad. The pureed chicken cacciatore tasted bland and did not have flavor until the red tomato sauce was added to it. The ADM acknowledged the red sauce was not the same as the Regular diet chicken cacciatore sauce. The pureed dessert tasted like a cinnamon pudding and did not taste like a granola fruit crumble. The Regular meal pasta tasted buttery and bland because it did not have the garlic and herb flavor seasoning. The DSM acknowledged the flavor concerns identified with the pureed and regular meal food items and stated the food should be acceptable to the residents and match the flavor of the food items listed on the menu. The DSM stated she expected the Cooks and Diet Aides to follow the recipes.</p> <p>During the resident council meeting on 9/19/24, at 10:00 AM, a Resident Council meeting was conducted. During the meeting, multiple residents anonymously stated the food does not taste good and has been served cold. They also stated the food was bland and overcooked.</p> <p>During an interview on 9/19/24 at 1:20 PM with the Registered Dietitian (RD), the RD stated she did not do test trays to check food temperatures and palatability. The RD stated she ate the facility food and liked it. The RD stated the resident food complaints were not very profound or substantial.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/20/24 at 8:34 AM with the RD, the RD stated she expected the facility food to be at an appealing temperature for residents so they're more likely to eat it.</p> <p>Review of the facility's policy and procedure (P&P) dated 2023, titled Meal Service indicated .Meals that meet the nutritional needs of residents will be served in an accurate and efficient manner and served at the appropriate temperatures .Milk .41 degrees F .7. Temperature of the food when the resident receives it is based on palatability. The goal is to serve cold food cold and hot food hot .</p> <p>Review of the facility P&P titled Food Preparation, dated 2023, indicated .1. The facility will use approved recipes .Recipes are specific as to portion yield, method of preparation, amounts of ingredients, and time and temperature guide .5. Prepare food as close as possible to serving time in order to preserve nutrition .and prevent overcooking .</p> <p>Review of the facility's P&P titled Menu Planning, dated 2023, indicated .Procedures .4. Standardized recipes adjusted to appropriate yield shall be maintained and used in food preparation .</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38924</p> <p>Based on observation, interview and record review, the facility failed to ensure safe and sanitary conditions were maintained for food storage according to standards of practice and facility policy when:</p> <ol style="list-style-type: none"> 1) Three serving scoops were dirty with green and brown crusted substances, and were stored with clean serving utensils in a cook's undercounter drawer; 2) Eleven cases of thawed, soft mighty healthshakes were stored in the walk-in refrigerator and two cases of them were received on [DATE]; 3) A pipe from the dish machine did not have an air gap; and, 4) Two ice machines were not cleaned and maintained according to manufacturer's instructions. <p>These deficient practices exposed 145 of 155 facility residents who consume food from the kitchen to potentially harmful substances which could have led to widespread foodborne illness.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During the initial kitchen tour on [DATE] at 10:19 AM, an observation and interview was conducted with the Dietary Services Manager (DSM). There were six (6) serving scoops of different sizes found with dirt and brown food debris crusted on them, stored in a drawer with clean serving scoops. The DSM acknowledged the dirty scoops stored in the drawer and stated they should have been clean, and the drawer should have been checked by the Cooks. <p>According to the 2022 Federal FDA Food Code, Section ,d+[DATE].11 titled Equipment, Utensils, Linens, and Single-Service and Single-Use Articles, Cleaned equipment and utensils .shall be stored clean .in a clean, dry location.</p> <ol style="list-style-type: none"> 2. On [DATE] at 12:17 PM, a kitchen observation and interview with the DSM was conducted inside the walk-in refrigerator. There were 11 cases of mighty heathshakes stored in the walk-in refrigerator and were thawed and soft to touch. Two (2) cases had a received date of [DATE], one half full and the other with about seven healthshakes inside. The other nine cases were full and unopened with 50 mighty healthshakes per case and had a [DATE] received date. The DSM acknowledged the mighty health shakes were thawed and some were expired past their use by date. The DSM stated the healthshakes were used heavily in the facility. <p>Review of the health mightyshakes manufacturers label indicated the Store Frozen and to Thaw and serve within 4 days. https://www.hormelhealthlabs.com/wp-content/uploads/ProductFactSheet_26337_[DATE].pdf</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. During the initial kitchen tour on [DATE] at 10:30 AM with the DSM in the dish machine area, a pipe was extended directly into a floor sink drain without an air gap space. The DSM stated she was unaware the pipe extended into the floor drain and did not have an air gap.</p> <p>On [DATE] at 9:12 AM, an observation and interview were conducted in the kitchen dish machine area with the Plant Operations Director (POD). The POD acknowledged the pipe underneath the dish machine did not have an air gap space, and stated the pipe needed to be raised higher.</p> <p>According to the 2022 Federal FDA Food Code section ,d+[DATE].13 titled Backflow Prevention, Air Gap. An air gap between the water supply inlet and the flood level rim of the PLUMBING FIXTURE, EQUIPMENT, or nonfood EQUIPMENT shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).</p> <p>4. A) During an observation and interview with the DSM and POD on [DATE] at 4:06 PM of the facility's ice machine in the dining room, the DSM stated the Maintenance/Plant Operations Department cleaned the ice machine, including deep internal cleaning and bin cleaning. The POD stated the facility's ice machines were cleaned every 3 months.</p> <p>During an observation and interview on [DATE] at 8:55 AM of the main ice machine with the POD, DSM, and Assistant Administrator (AADM), the ice machine was checked for cleanliness. The POD opened the ice machine cover and described how he followed the manufacturers guidelines for cleaning the ice machine. The ice machine curtain covering the grid had small brownish pink spots on it. The rubber baffle piece inside the ice bin had black, dark grayish spots resembling mold on the right side between one of the folds. The POD acknowledged the dirty black grayish spots on the baffle which touches the ice, and stated they must have missed the area during cleaning. The DSM and AADM acknowledged the black-grayish mold looking debris on the baffle inside the ice bin and stated it should be clean without the dirty colored spots.</p> <p>Review of the ice machine cleaning log schedule indicated the ice machine was last cleaned on [DATE].</p> <p>Review of the main ice machine manufacturer's cleaning instructions, Ice Machine Cleaning Procedure step 3: Remove ice from bin .step 4: Turn toggle switch to the clean position .step 6: .Remove all parts for cleaning and sanitizing .</p> <p>B) On [DATE] at 4:25 PM, an observation of the [NAME] Hall wing section ice/water machine was conducted. The walls inside the ice spout dispenser were dirty, filled with white and gray hard residue and debris.</p> <p>During an observation and interview on [DATE] at 9:41 AM with the DSM, POD, and AADM, the [NAME] Hall wing section ice/water machine was checked for cleanliness. Inside the ice spout walls were white grayish colored thick debris, and build up inside the ice shoot where the ice came out. The POD stated the ice/water machine was cleaned according to manufacturer's guidelines using the recommended manufacturers chemicals. The POD acknowledged the debris and residue inside the ice spout and stated the area could have been scrubbed and wiped more to remove the crusty buildup. The AADM and DSM acknowledged the discolored thick hard debris on the inside wall of the ice dispenser spout and stated it should have been clean.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the Registered Dietitian (RD) on [DATE] at 1:20 PM, the RD stated she expected the ice machines to be clean following the manufacturers guidelines and without black grayish residue or debris.</p> <p>According to the 2022 Federal FDA Food Code, section ,d+[DATE].11 Equipment Food-Contact Surfaces and Utensils, Ice bins and components of ice makers need to be cleaned: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Sanitation indicated .All equipment shall be maintained as necessary and kept in working order .14.</p> <p>Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner . 17. All Food & Nutrition Services staff shall know the proper hand washing technique . 21 . Thermometers will be used to check temperatures of refrigerators, freezers, and food storeroom. Thermometers will also be used to check the food at mealtimes . 24. Airgaps/Backflow prevention is necessary .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled General Cleaning of Food & Nutrition Services Department indicated .Floors, floor mats, and walls must be scheduled for routine cleaning and maintained in good condition .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Refrigerator and Freezer indicated Maintaining a clean refrigerator and freezer can improve the safety and quality of your foods.1. Refrigerator and freezer should be on a weekly cleaning schedule.3. Clean the evaporator and condensing coils at least twice a year .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Shelves, Counters, and Other surfaces including Sinks indicated, .Remove any large debris and wash surface with a warm detergent solution following manufacturer's instructions. Use a brush where necessary .2. Rinse with clear water using a clean sponge or cloth. Wipe dry with clean cloth. 3. Spray with a sanitizer .Do not rinse.</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Walls, Ceilings, and Light Fixtures indicated, .2. Walls and ceilings must be washed thoroughly at least twice a year. Heavily soiled surfaces must be cleaned more frequently, as necessary.5. Ceramic tile, stainless steel sections, and other surfaces must be cleaned according to product manufacturer's instructions .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Ice Machine Cleaning Procedures indicated, .The internal components cleaned monthly or per manufacturer's recommendations .5. Be sure special attention is paid to cleaning the door molding and lid .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled Ice Procedures indicated, .Ice is to be handled properly to prevent infection.2. A covered plastic or stainless steel container will be used to hold the scoop.3. The scoop is not to left in the ice at any time.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38924</p> <p>Based on observation, interview, and record review, the facility failed to ensure the food brought in from the outside for 1 of 38 sampled residents (Resident 85), was stored and reheated according to regulatory standards and facility policy.</p> <p>This failure affected the temperature and palatability of Resident 85's meal, and had the potential to alter nutrition status.</p> <p>Findings:</p> <p>A review of Resident 85's Admission Record dated September 20, 2024, indicated the resident was admitted on [DATE] with diagnoses which included congestive heart failure (condition that occurs when the heart cannot pump enough blood to meet the body's needs), type 2 diabetes (uncontrolled blood sugar), iron deficiency anemia (low levels of iron in the blood), and vitamin D deficiency (low levels of vitamin D in the blood).</p> <p>A review of Resident 85's Minimum Data Set (MDS- an assessment and care screening tool) on 9/18/24 indicated she had a BIMS (brief interview of medical status) of 15, whereby a score of 13-15 meant cognition was intact.</p> <p>During an observation and interview on 9/19/24 at 9:27 AM with Resident 85, the resident was lying in her bed watching TV with her bedside table pushed across her calves. Resident 85 stated don't like the facility's food because it is too salty. The resident stated sometimes she got food from her granddaughter from the nearby steak restaurant. She stated recently on Sunday, September 15, her granddaughter brought her a steak without seasoning, mashed potatoes, and a dinner roll at 2:00 pm. The resident stated the nursing staff told her they couldn't store her food in the refrigerator or reheat her food if she wanted to save and eat it later. The resident further stated they let her food go bad because it was cold and soggy when she wanted to eat it in the evening after it sat for several hours on her room table.</p> <p>During an observation and interview 9/18/24 at 4:38 PM with Licensed Nurse (LN) 1, LN 1 stated all resident's food from outside could not be stored in the refrigerator, and it could only be kept up to the next meal with the resident in their room. LN 1 also said they could not store any food in the refrigerator that was opened or previously eaten but she did not know about how to reheat the resident food.</p> <p>During an observation and interview on 9/18/24 at 4:53 PM with LN 2 at the South Nurses Station, LN 2 stated resident's food could be stored for 48 hours in the refrigerator with a name and date. However, LN 2 stated she was unaware of the policy for reheating resident food brought in from outside.</p> <p>During an observation and interview on 9/18/24 at 5:02 PM at the [NAME] Nurses Station with LN 3, LN 3 stated they do not keep resident's food brought in from outside because they have nowhere to store the food. The small refrigerator was full to capacity, and she stated, we can't keep it in there. LVN 3 further stated they do not reheat resident's food.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the RD on 9/20/24 at 8:35 AM, the RD stated she expected the nursing staff to manage the resident's food brought in from outside and to comply with the facility's policy. The RD further stated it was important for residents to have the ability to consume food brought in by family and friends, and have it safely reheated if needed.</p> <p>During an observation and interview on 9/20/24 at 11:03 AM with the Assistant Director of Nursing (ADON), the ADON stated she expected the Certified Nursing Assistants (CNAs) and LNs to know the facility's policy for food brought in from the outside, which included how to safely manage the resident's food. She stated if the food was perishable, it should be labeled with resident's name and dated when it was received, then stored in the resident's refrigerator. She stated resident's food could be reheated in the kitchen, by kitchen staff but was unsure the time and temperature requirements for reheating foods. The ADON further stated the nursing staff may need training on the policy to safely store and reheat resident's food brought in from outside.</p> <p>Review of the facility's policies and procedures (P&P) undated titled Foods Brought in by Family/Visitors indicated .4. The clinical dietitian or nurse will document any such discussions in the resident's medical records .6. Perishable foods must be discarded after an appropriate time (specific to food and temperature) .</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47369</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection prevention and control practices for 2 of 38 sampled residents (Resident 56 and Resident 246) when:</p> <ol style="list-style-type: none"> 1. The licensed nurse (LN) did not change gloves or perform hand hygiene during wound care for Resident 56; and, 2. Resident 246's urinal was not labeled with name or room number. <p>These failures placed Resident 56 at increased risk of healthcare associated infections, and increased the risk Resident 246's urinal could be used by another resident.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 56's ADMISSION RECORD, indicated he was readmitted to the facility in mid-2024 with diagnoses which included a history of methicillin resistant staphylococcus aureus (MRSA) infection (a germ that is resistant to many antibiotics) and gastrostomy (a tube inserted through the abdomen and into the stomach to provide nutrition). <p>A review of Resident 56's Treatment Administration Record (TAR), dated September 2024, indicated, . Cleanse tube Stoma [opening in the abdomen for the gastrostomy tube] Site with Theraworx Spray or foam [cleanser] and Cover with Dry Clean Dressing Daily .</p> <p>A review of Resident 56's care plan, initiated 8/7/24, indicated, .ENHANCED BARRIER Precautions [a set of infection control measures that use gowns and gloves during high contact resident care activities to reduce the spread of multidrug resistant organisms, MDRO] . Medical Device Care: Feeding Tube. Perform hand hygiene & apply personal protective equipment (PPE) gloves .Monitor and document signs and symptoms of . infection at tube site .</p> <p>During an observation on 9/19/24, at 12:55 PM, LN 4 was observed administering Resident 56's medication via gastrostomy tube and performing a dressing change to the stoma site. LN 4 washed her hands and applied gloves prior to administering the medication. After the medication was administered, wearing the same gloves, LN 4 removed the soiled dressing from Resident 56's stoma site and placed the soiled dressing in a plastic cup on the bedside table. LN 4 cleansed the stoma site with a gauze pad, then applied a clean dressing to the site while wearing the same gloves. LN 4 stated she did not change dressings frequently and was not aware she should have washed her hands and changed her gloves between the soiled and clean dressings. LN 4 stated there could be a risk of spreading infection if gloves were not changed and hands were not washed during wound care.</p> <p>During an interview on 9/20/24, at 8:48 AM, the Assistant Director of Nurses (ADON) stated it was her expectation that licensed nurses would perform hand hygiene and wash their hands before performing dressing changes and after removing a soiled dressing. The ADON stated performing hand hygiene and changing gloves were the standard of care during dressing changes and by not maintaining the standard, residents were put at a risk of infection.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a facility policy and procedure (P&P) titled, Wound Care, dated 2001, indicated, .The purpose of this procedure is to provide guidelines for the care of wounds to promote healing .Wash and dry your hands thoroughly .Put on exam glove .remove dressing .Pull glove over dressing and discard in appropriate receptacle. Wash and dry your hands thoroughly .Put on gloves .Wear gloves when physically touching the wound .Dress wound .Discard disposable items .Wash and dry your hands thoroughly .</p> <p>2. During a review of Resident 246's Admission Record (AR), the record indicated Resident 246 was admitted to the facility in September 2024 with diagnoses which included urinary tract infection and need for assistance with personal care.</p> <p>During an observation on 9/17/24, at 12 noon, Resident 246 was observed sitting at the edge of his bed with a urinal attached to the side of the bedrail. The urinal was not labeled with Resident 246's name or another identifier.</p> <p>During a concurrent observation and interview on 9/17/24, at 12:00. noon, in Resident 246's room, Certified Nursing Assistant (CNA) 3 confirmed Resident 246 had a urinal attached to the side rail of his bed and the urinal was not labeled with an identifier. CNA 3 stated Resident 246's room number identifier should have been written on his urinal. CNA also stated unlabeled urinals could put residents at risk of infection.</p> <p>A review of a facility P&P titled, Infection Prevention and Control Program, revised October 2018, indicated, . An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections .Policies and procedures reflect the current infection prevention and control standards of practice .Important facets of infection prevention include .educating staff and ensuring that they adhere to proper techniques and procedures .</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>38924</p> <p>Based on observation, interview and record review, the facility failed to ensure the dish machine was in safe operating condition according to standards of practice and facility policy when the dish machine sanitizer exceeded safe sanitizing levels for dishes.</p> <p>This failure had the potential to place 145 out of 155 residents who receive food from the kitchen at risk of developing food related illnesses, or adverse effects from exposure to sanitizing chemicals.</p> <p>Findings:</p> <p>During the initial kitchen tour observation, interview and record review on 9/17/24 at 9:30 AM with dishwasher (DSW) 1, there was water dripping into puddles underneath the dish machine. DSW 1 stated she didn't know about the water leak. DSW 1 demonstrated how to test the chemical sanitizer in the low temperature dish machine by taking a test strip and wiping it on the counter in the back of the dish machine where the dishes came out. The test strip turned dark purple. DSW 1 compared the test strip to the colors on the test strip container and stated, It is deep dark purple, and that's fine because it is between 150-200. A review of the dish machine sanitizer testing log sheet for September 2024 indicated 200 in the column for sanitizer level from September 1 through 17. DSW 1 stated she initialed the 200 for the parts per million (ppm) on the log sheet.</p> <p>During a record review and interview with the Dietary Services Manager (DSM) on 9/17/24 at 10:35 AM, the DSM stated she did not see the water leak before now. The DSM also acknowledged the 200-ppm written on the dish machine log by the DSWs. The DSM further stated the correct dish machine sanitizer level should be 50-100 ppm, and not 200 ppm.</p> <p>During an observation and interview on 9/17/24 at 11:38 AM in the kitchen with DSW 1, the DSM, and the dish machine vendor technician (VT), the VT stated he had adjusted the chemicals to ensure they were set at 50-100 ppm because it was originally at 200 ppm, which was too high. The VT stated too much chemical on the dishes could cause the chemicals to leak onto them, and possibly onto the food. The DSM also acknowledged the sanitizer level was high and stated it was important for the dish machine to have safe chemical levels, so they do not affect the dishes and may be harmful to the residents.</p> <p>During a review of the dish machine's data plate underneath the front-loading rack counter, the data plate indicated, .dish sanitizing level 50 ppm .</p> <p>During an interview with the Registered Dietitian (RD) on 9/19/24 at 1:20 PM, the RD stated she checks the dish machine wash temperatures and sanitizer levels during her quarterly kitchen sanitation checks. The RD stated she expected the dish machine to wash and sanitize correctly according to the dish machine's manufacturer's operation guidelines.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to the 2022 Federal Food and Drug Association (FDA) Food Code section 4-501.11, titled, Good Repair and Proper Adjustment, Part (A) indicated Equipment shall be maintained in a state of repair and condition that meets requirements . (B) Equipment components such as doors, seals, hinges . shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications.</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled, Dishwashing indicated, .All dishes will be properly sanitized through the dishwasher. The dishwasher will be kept clean and in good working order .8. A temperature log (and chlorine log for low-temperature machines) will be kept and maintained by the dishwashers to assure that the dish machine is working correctly .Low-temperature dish machine: .The chlorine should read 50-100 ppm on dish surface in final rinse. The proper chlorine level is crucial in sanitizing the dishes .</p> <p>Review of the facility's policies and procedures (P&P) dated 2023, titled, Maintaining Dishwashing Machine indicated, .11. A periodic check should be made at least every six months by authorized manufacturer's maintenance personnel or authorized distributor. Check water pressure, temperature gauge.</p>