STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055755	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Care Center	8167 West Third St. Los Angeles, CA 90048

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47883 Based on interview and record review, the facility failed to protect the resident ' s right to be free from verbal abuse (a form of emotional or psychological harm that involves the use of words to demean, insult, or manipulate another person) for one of three sampled residents (Resident 1) when on 8/12/2024 at 5:30 AM, CNA 1 stated a derogatory word in Resident 1's room. This deficient practice resulted in Resident 1 being subjected to verbal abuse while under the care of the facility and had the potential to cause Resident 1 mental anguish. Findings: A review of Resident 1 ' s Admission Record indicated the facility admitted Resident 1 on 5/12/2023 with diagnoses including diabetes Type II (a long-term medical condition in which the body does not use insulin [a hormone that lowers the level of sugar in the blood] properly), spinal stenosis (a narrowing of one or more spaces within your spinal canal), personal history of transient ischemic attack (a stroke that last only a few minutes), and cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area). A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 5/11/2024, indicated the resident had mildly impaired cognition (a slight decline in mental abilities, memory and completing complex tasks), required moderate assistance with toileting hygiene, and needed set up assistance with eating. The MDS indicated Resident 1 was feeling down, depressed, or hopeless for several days over the last two weeks. A review of Resident 2 ' s Admission Record indicated the facility admitted Resident 2 on 8/31/2023 and readmitted the resident 4/1/2024, with diagnoses including acute respiratory failure (a condition in which your blood does not have enough oxygen causing shortness of breath and difficulty breathing, often caused by a disease or injury), acute kidney failure (a condition when the kidney stop working suddenly), and anxiety disorder (a feeling of fear, dread, and uneasiness). A review of Resident 2's MDS, dated [DATE], indicated the resident had mildly impaired cognition, required moderate assistance with toileting hygiene, and needed set up assistance with eating. The MDS indicated Resident 2 was feeling down, depressed, or hopeless several days over last two weeks. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055755	A. Building B. Wing	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Care Center	8167 West Third St. Los Angeles, CA 90048

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's Change in Condition form (COC), dated 8/12/2024, indicated that around 5:30 AM, Resident 1 was alleged in verbal abuse toward Certified Nurse Assistant 1 (CNA 1). A review of Nursing note dated 8/12/2024 indicated RN 1 heard Resident 1 was arguing with regarding the resident ' s socks and called CNA 1 a liar and the B-word. A review of RN 1 ' s statement dated 8/12/2024 indicated RN 1 was outside Resident 1 ' s room preparing the resident ' s medication and heard Resident 1 and CNA 1 talking about a pair of socks. RN 1 heard Resident 1 call CNA 1 a liar and the b-word. Further, the statement indicated RN 1 heard CNA 1 say the b-word on her way out of Resident 1 ' s room. A review of Resident 1 ' s Psychiatrist Progress Note, dated 8/13/2024, indicated Resident 1 was seen for a psychiatric evaluation due to the alleged verbal abuse. The psychiatric evaluation indicated Resident 1 was in no acute distress during the examination. During an observation and interview on 8/14/2024 at 9:10 AM, Resident 1 was observed in Resident 1 ' s room in bed and stated on 8/12/2024 CNA 1 had an attitude when CNA 1 could not find Resident 1 ' s socks. The resident stated CNA 1 called her the b-word which made Resident 1 feel upset. During an observation and interview on 8/14/2024 at 9:50 AM, Resident 2 was observed in Resident 2 ' s room, in bed and stated that on 8/12/2024, CNA 1 got upset because she could not find Resident 1 ' s socks and Resident 2 heard CNA 1 repeat in a loud voice b-word on her way out of the room. Resident 2 stated CNA 1 ' s attitude disturbed him, and CNA 1 should not be working around people who are trying to get well. During a phone interview on 8/14/2024 at 10:52 AM, CNA 1 stated on 8/14/2024 around 5:30 AM she was unable to find Resident 1 ' s socks, then Resident 1 started screaming at her and calling her b-word. Further, CNA 1 stated that she replied to Resident 1, Why are you calling me ' b-word ' after everything I did for you? During an interview and record review on 8/14/2024 at 11:20 AM, RN 1 reviewed the statement and confirmed that she heard raised voices of CNA 1 and Resident 1 during a conversation about socks and CNA 1 stated b-word on her way out of Resident 1 ' s room. RN 1 stated CNA 1 should not say any derogatory words, because Resident 1 may consider it as verbal abuse. During an interview and record review on 8/14/2024 at 3:29 PM, the Director of Nursing (DON) reviewed RN 1 ' s statement and stated derogatory words should never be used by a CNA in front of any resident in the facility unless CNA 1 did not know the meaning of that word. During an interview and record review on 8/14/2024 at 4:11 PM, the Administrator reviewed facility ' s policy titled, Abuse Prohibition, last reviewed 10/24/2022, and stated facility provided to all employees through orientation and minimum of annually training that included effective communication skills with residents. The Administrator stated CNA 1 ' s communication with Resident 1 on 8/12/2024 was not effective, which may increase the risk of verbal abuse. A review of the facility ' s current policy and procedure titled, Abuse Prohibition, last reviewed 10/24/2022, indicated that verbal abuse was any use of oral, written, or gesture language that willfully includes disparaging and derogatory terms to patients or their families.