

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055755	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/14/2025
NAME OF PROVIDER OR SUPPLIER  Sharon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50296</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 3) had a comprehensive care plan addressing Resident 3's bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs) and psychotropic medications (drugs that affect the brain and nervous system to treat mental illnesses). This deficiency had the potential for Resident 3 to have an adverse reaction that could go untreated.</p> <p>Findings:</p> <p>A review of Resident 3's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses including Type II diabetes mellitus (chronic disease that occurs when the body can't produce or use insulin properly), bipolar disorder, and cellulitis (a skin infection that causes swelling and redness).</p> <p>A review of the Physician's Order indicated Resident 3 was prescribed Risperidone for antipsychotic manifested by bipolar disorder mood swings.</p> <p>A review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 12/31/24, indicated the resident was alert and oriented and had good recall. The MDS indicted Resident 3 felt down, depressed, or hopeless and had little interest or pleasure in doing things 7 days out of the week. The MDS indicated Resident 3 felt bad about herself, trouble concentrating 2 days out of the week. The MDS - Active Diagnoses indicated Resident 3 had bipolar disorder.</p> <p>During an observation on 1/13/25 at 11:19 AM, in Resident 3's room, the resident was lying in the bed watching television. Resident 3 stated the care was wonderful, she was very pleased.</p> <p>A review of Resident 3's bipolar disorder / mood swings care plan and the Risperidone care plan indicated there were no goals, interventions, or monitoring included.</p> <p>During an interview on 1/13/25 at 1:40 PM, the Minimum Data Set Nurse (MDSN) stated she did not see a care plan including the monitoring of Resident 3 for bipolar disorder or for the medication Risperidone. The MDSN stated the care plan must be completed independent of the MDS and the initial Interdisciplinary Team meeting was intended to go over medications the resident was prescribed. The MDSN stated without a care plan it would be difficult to know whether those intervention were effective. The MDSN stated there would be increased risk to the resident.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/14/25 at 8:45 AM, the Administrator (ADM) stated the psychiatrist had not seen Resident 3, there was no psychiatrist note in Resident 3's chart and there should have been a psychiatrist consult completed.</p> <p>During an interview on 1/14/25 at 9 AM, the Psychiatrist (Psych) stated she visited the facility once a month, including December, but she was not made aware that Resident 3 was admitted on [DATE]. The Psych stated the facility conducted the IDT meetings where this should have been noticed.</p> <p>During an interview on 1/14/25 at 9:30 AM, the Director of Nursing (DON) stated and agreed that without a care plan, the facility would be unable to determine the effectiveness of the interventions. The DON stated it was the admitting nurse responsibility to initiate the care plan and Resident 3 should have had a care plan for the psychotropic medications and diagnosis.</p> <p>A review of the facility's policy and procedure titled, Care Plan Comprehensive, dated 8/25/21 indicated the Interdisciplinary Team with the resident and/or his/her resident representative must develop/implement comprehensive care plan which included measurable objectives and timetables to meet the resident's medical, physical, mental, and psychosocial needs.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>50296</p> <p>Based on interview and record review, the facility failed to ensure one Licensed Vocational Nurse (LVN 1) employee file contained a yearly performance evaluation. This deficient practice caused an increased risk in resident safety.</p> <p>Findings:</p> <p>A review of LVN 1's employee file indicated the date of hire was 9/22/22 and there was no performance evaluation (PE) completed since the date of hire.</p> <p>During an interview on 1/14/25 at 9:30 AM, the Director of Nursing (DON) stated PEs should be done 90 days after start of employment and then annually. The DON stated she could not explain why LVN 1 did not have a performance evaluation in the file. During a concurrent interview, the ADM stated she was unable to find LVN 1's performance evaluation. The DON and ADM both agreed and confirmed that a PE should have been performed once LVN 1 returned to work. The DON stated this created a risk to the residents safety.</p> <p>A review of the facility's policy and procedures titled, Performance Evaluations, dated 9/20, indicated a performance evaluation will be completed on employees at the conclusion of his/her 90-day probationary period, and at least annually thereafter. The policy indicated performance evaluations may be used to improve the quality of the employee ' s work performance.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>50296</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled Certified Nurse Assistants (CNA 2) employee file contained a yearly skills competency checklist. This deficiency had the potential to have employees lacking safe, quality, and individualized care for the residents.</p> <p>Findings:</p> <p>A review of CNA 2's the employee file indicated the date of hire was 3/12/24 and there was no skills competency checklist in the file. During a concurrent interview, the Administrator (ADM) stated she was unable to find the skills competency checklist for CNA 2.</p> <p>During an interview on 1/14/25 at 9:30 AM, the Director of Nursing (DON) stated CNA 2's skills competency should have been completed upon hire and then annually. The DON stated, Check marks on a paper don't ensure that employees are competent. The DON stated agreed and confirmed that if documentation was not written then it was not done. The DON agreed and confirmed that the skills checklists were performed, reviewed, and documented to ensure employees know how to perform their job duties safely. The DON stated the facility was scheduled for a facility-wide skills competency.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, Competency for Nursing Staff, dated 5/19 indicated the facility and resident-specific competency evaluations would be conducted upon hire, annually and as deemed necessary based on the facility assessment. The P&amp;P indicated nursing staff would demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50296</p> <p>Based on interview and record review, the facility failed to ensure one sampled resident (Resident 3) had a documented consent for psychotropic medications. This deficient practice caused an increased risk for Resident 3 to lack proper education regarding the medication.</p> <p>Findings:</p> <p>A review of Resident 3's admission record indicated the resident was admitted to the facility on [DATE] with diagnoses including Type II diabetes mellitus (chronic disease that occurs when the body cannot produce or use insulin properly), bipolar disorder (mood swings that range from the lows of depression to elevated periods of emotional highs), and cellulitis (a skin infection that causes swelling and redness).</p> <p>A review of the Minimum Data Set (MDS - a resident assessment tool), dated 12/31/24, indicated Resident 3 was alert, oriented and had good recall. The MDS indicted Resident 3 felt down, depressed, or hopeless and had little interest or pleasure in doing things 7 days out of the week. The MDS indicated Resident 3 felt bad about herself, with trouble concentrating 2 days out of the week and an Active Diagnoses of bipolar disorder.</p> <p>During an observation on 1/13/25 at 11:19 AM, in Resident 3's room, the resident was lying in the bed watching television. Resident 3 stated the care was wonderful, she was very pleased.</p> <p>A review of the Physician's Order indicated Resident 3 was prescribed Risperidone for antipsychotic manifested by bipolar disorder mood swings.</p> <p>A review of Resident 3's physical chart on 1/13/25 indicated the resident did not have a signed Psychotropic Medication Administration Disclosure for consent for psychotropic medications.</p> <p>During an interview on 1/13/25 at 2:10 PM, the Medical Records Department (MRD) stated the nurses oversee obtaining the consent for psychotropic medications.</p> <p>During an interview on 1/13/25 at 2:30 PM, the Registered Nurse (RN 1) stated the admitting nurse was the one to obtain consent for psychotropic medications within the day or the next day. RN 1 stated the risk to Resident 3 without a consent for psychotropic medications would be a lack of education regarding the medications.</p> <p>During an interview on 1/14/25 at 9 AM, the Psychiatrist (Psych) stated she visits the facility once a month, including December, but she was not made aware that Resident 3 was admitted on [DATE].</p> <p>During an interview on 1/14/25 at 9:30 AM, the Director of Nursing (DON) stated it was the admitting nurses responsibility to obtain signed consents for psychotropic medications. The DON stated Resident 3 could have an adverse reaction that facility staff may not know about right away.</p> <p>(continued on next page)</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>A review of the facility's policy and procedure (P&amp;P) titled, Psychotropic Medication Use, dated 6/21 indicated, it was the responsibility of the attending health care practitioner to inform the resident and/or his/her representative of the reason for use, risks, and initiation of the medication. The P&amp;P indicated informed consents would be obtained by the prescriber prior to initiation of the psychotropic medications.</p>