

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 01/29/2025
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</p> <p>Based on observation, interview and record review, the facility failed to honor food preferences for two of five sample residents (Resident 2 and 3).</p> <p>This failure resulted in Resident 2 and 3 only having canned fruits to eat, instead of the fresh fruits preferred.</p> <p>Findings:</p> <p>During a review of Resident 2 ' s Admission Record dated 1/24/25 indicated, Resident 2 was admitted to the facility on [DATE], with diagnoses including hypertension (high blood pressure), anemia (a condition where the body does not have enough healthy red blood cells), muscle weakness, and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/30/24, indicated Resident 2 had mild memory problems.</p> <p>During a review of Resident 2 ' s physicians orders date 1/24/25, indicated the resident was on a consistent carbohydrate diet (diabetic diet) with regular texture, no added salt, no milk, almond milk if possible, bland diet with seasonings on the side.</p> <p>During a review of Resident 3 ' s Admission Record dated 1/24/25 indicated, Resident 3 was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), anemia (a condition where the body does not have enough healthy red blood cells), hemiplegia (weakness on one side of the body) and hemiparesis (paralysis on one side of the body), muscle weakness, and abnormalities of gait and mobility.</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/27/24, indicated Resident 3 had mild memory problems.</p> <p>During a review of Resident 3 ' s physicians orders date 1/24/25, indicated the resident was on a regular diet, regular texture, thin consistency, with additional fortified foods at breakfast and dinner for diet.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/23/25 at 12:46 pm with Resident 2 and 3, Resident 2 stated the facility no longer gave out fresh fruits like bananas and grapes, and the resident had only been getting canned fruits on her tray. Resident 3 confirmed no fresh fruits were given and stated the facility used to have fresh fruit.</p> <p>During an interview on 1/29/25 at 2:28 pm with Dietary Manager (DM), the DM stated the fresh fruits were not in the budget. The DM stated fresh fruits were available in the past but not anymore due to the fruits being seasonal.</p> <p>A review of the facility ' s policy and procedures titled Resident Food Preferences reviewed 12/16/24 indicated The Dietary Department will provide residents with meals consistent with their preferences, as indicated on their tray card . If a preferred item is not available, a suitable substitute should be provided.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 44252</p> <p>Based on observation, interview, and record review the facility failed to ensure the dinnerware and food service equipment was clean and in good condition by failing to:</p> <ol style="list-style-type: none"> 1. Ensure the residents had cups that were free from stains, residue, and cloudy dishwasher cleaning build-up and the blue coffee pots had lids that were not worn out. 2. Ensure the residents water pitchers were changed out in a timely manner by staff for washing. <p>These deficient practices had the potential to result in cross contamination or drink safety issues.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During an observation with concurrent interview with Dietary Manager (DM) on 1/23/25 at 11:11 am, clear plastic glasses were drying on drying rack and some glasses were noted to be cloudy with wear from the dishwasher cleaning buildup, as well as coffee or tea-stained plastic mug. The DM stated the stained cups and cloudy glasses should have been replaced. <p>During an interview with CNA 4, CNA 5 and CNA 6 on 1/29/25 at 2:34 pm, all three CNAs had concerns about the cleanliness of the resident ' s cups some having milk residue and lipstick still on them when they would come up from the kitchen. All three CNAs had concerns with the thermoses and coffee pots being old and worn to the point where the lids did not stay on and could cause a hazard when pouring a hot beverage, particularly the blue coffee pots.</p> <p>During a review of the facilities policy and procedures titled Warewashing reviewed 12/16/24 indicated All dishware, serviceware, and utensils will be cleaned and sanitized after each use.</p> <ol style="list-style-type: none"> 2. During an observation with concurrent interview on 1/29/25 at 12:55 pm with Certified Nursing Assistant (CNA) 4, two of the residents in room [ROOM NUMBER] and one of the residents in room [ROOM NUMBER] were observed to have no water pitcher at the bedside, and the water pitchers that were at the bedside were yellow in color. <p>During an interview with DM on 1/29/25 at 2:28 pm, DM stated there are about 78 to 80 pitchers out on the floor per day and the pitvhers were color coded either yellow or gray. The DM stated CNA ' s were responsible for swapping out the pitchers daily to be washed. The DM stated on the date of interview (1/29/25) all water pitchers on the floor should have been gray.</p> <p>During a review of the facilities policy and procedures titled Warewashing reviewed 12/16/24 indicated All dishware, serviceware, and utensils will be cleaned and sanitized after each use.</p>		