

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  03/21/2025
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 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** 50296</b></p> <p>Based on interview and record review, the facility failed to ensure one sampled resident's (Resident 3) as needed (PRN) psychotropic medication (any drug that affects brain activities associated with mental processes and behavior) had a documented 14-day limit for administration. This failure caused an increased risk in Resident 3's mental and psychosocial well-being.</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 schizophrenia (a mental illness that is characterized by disturbances in thought), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and restlessness and agitation.</p> <p>A review of Resident 3's Medication Administration Record (MAR) dated 12/24/24 indicated the resident was prescribed Seroquel 25 milligrams (mg, unit of measurement) every 12 hours as needed without a 14-day stop. A review of the Scheduling Details dated 12/11/24 and 12/23/24, indicated Resident 3 was prescribed Seroquel 25 mg every 12 hours as needed for agitation. The end date indicated an indefinite end date.</p> <p>A review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 3/3/25, indicated the resident had no long or short-term memory deficit, good memory recall, and no signs or symptoms of delirium. The MDS indicated the resident had little interest, was feeling down, feeling tired, and feeling bad about herself between 2-11 days a week.</p> <p>A review of Resident 3's Order Summary Report dated 3/6/25 indicated the resident was prescribed Seroquel 50 mg every six hours as needed for agitation. The order had a start date of 2/28/25. The order did not have a 14-day stop. A review Resident 3's MAR dated 3/25 indicated Resident 3 was prescribed Seroquel 50 mg without the 14-day stop.</p> <p>During an interview on 3/21/25 at 4:10 PM, the facility Psychiatrist (PSYMD) stated she did not order the Seroquel as needed for agitation for Resident 3. The PSYMD stated when she sees PRN Seroquel orders she discontinues the order. The PSYMD stated the order probably came from the General Acute Care Hospital (GACH) when Resident 3 was at the hospital. The PSYMD stated she was sure she did not order it.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/21/25 at 11:15 AM with the Director of Nursing (DON), Resident 3's Order Summary Report dated 3/6/25, the MAR dated 3/25, and the Physician Order Scheduling Details dated 12/11/24 and 12/23/24 were reviewed. The DON stated and agreed the Seroquel as needed order (PRN) was not canceled per the Order Summary Report, and did not have the 14-day time stop. The DON agreed the Seroquel order was on Resident 3's MAR without the 14-day stop. The DON reviewed the Physician 's Order Scheduling Details dated 12/11/24 and 12/23/24 and agreed the Seroquel PRN order end date indicated indefinite. The DON stated, The 14-day stop was needed otherwise how do we know it's effective.</p> <p>During an interview on 3/21/25 at 2:12 PM, the Pharmacy Consultant stated Seroquel should have a 14-day stop for Resident 3 and the prescriber should write it as a stop date.</p> <p>A review of the facility's policy and procedure titled, Psychotropic Medication Use, dated 6/21, indicated PRN orders for psychotropic drugs were limited to 14 days. If the attending physician or prescribing practitioner believed that it was appropriate for the PRN order to be extended beyond 14 days, the rational should be documented and indicate the duration for the PRN order.</p>