

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 04/29/2025
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 0774</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Help the resident with transportation to and from laboratory services outside of the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</p> <p>Based on observation, interview, and record review, the facility failed to assist and make transportation arrangements for recurring chemotherapy (treatment for cancer [A disease in which abnormal cells divide uncontrollably and destroy body tissue]) appointments for one of the three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in Resident 1 missing the chemotherapy treatment.</p> <p>Findings:</p> <p>During a record review, the admission record for Resident 1 indicated Resident 1 was admitted to the facility on [DATE] with diagnoses which included non-Hodgkin lymphoma (a type of cancer that begins in lymphocytes, which are white blood cells that help fight infection), fracture (a break in a bone) of the left fibula (the smaller of the two long bones in the lower leg, running from the knee to the ankle), and falls (an event which results in a person coming to rest inadvertently on the ground or floor or other lower level).</p> <p>During a record review, the Minimum Data Set (MDS - a resident assessment tool) dated 2/16/2025, indicated Resident 1 was cognitively intact (a participant who has sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environ). The same MDS indicated, Resident 1 required between partial/moderate to substantial/maximum assistance for Activities of Daily Living such as: (ADLs- routine tasks/activities such as, oral hygiene, toileting hygiene, personal hygiene, lower/upper body dressing, putting on/taking off footwear).</p> <p>During a record review, Resident 1 ' s physician ' s order dated 3/10/2025 indicated, Chemotherapy on Monday April 21, 2025, at 8AM.</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 0774</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 of Resident 1 ' s chart with Registered Nurse Supervisor (RNS) on 4/29/2025 and 10:43 am, the RNS 1 acknowledged and stated that the physician order for Resident 1 ' s chemotherapy infusion (to administer into a blood vessel) was entered on 3/10/2025 and scheduled for a chemotherapy infusion appointment on 4/21/2025. RNS stated that on 4/21/2025, at approximately 7:30 am, a few minutes after reporting to work, another facility staff (not identified) working with Resident 1 notified RNS that Resident 1 was verbalizing that Resident 1 had an appointment for chemotherapy at a chemotherapy center on 4/21/2025 at 8 am. RNS 1 stated that she reviewed the appointment schedule and noted that Resident 1 had an appointment but could not find any evidence that transportation was booked for the appointment for Resident 1. RNS stated she called the facility ' s backup transportation to transport Resident 1 to the chemotherapy appointment. RNS stated transportation must be scheduled before the day of appointment to avoid panic and anxiety to residents, and avoid delays.</p> <p>During an interview with the Facility Administrator (FA) on 4/29/2025 at 1:58 pm, the FA stated the facility policy on outside appointments is that whenever a appointment scheduled for a resident, the facility schedules and books transportation as soon as possible to ensure there is enough time before the appointment. The FA admitted and stated Resident 1's transportation was not booked until the day of the appointment, 4/21/2025. The FA stated not booking transportation could result in a resident missing appointment(s).</p> <p>During an interview with the Director of Nursing (DON) on 4/29/2025 at 2:10 pm, the DON admitted and stated Resident 1 reminded the facility about the chemotherapy appointment on the morning of the appointment, 4/21/2025.</p> <p>During a record review, the facility Policy and Procedures (P&P) titled Appointments, revised 12/13/2024, indicated, This policy and procedure document outlines the support a facility provides to residents in accessing specialty healthcare services to enhance their health and wellbeing. The same P&P indicated under procedure steps indicated, Transportation Setup: Transportation to and from the specialty provider is organized as required, to be arranged by Social Services Department and will collaborate with family representative.</p>		