

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  11/13/2025
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)
F 0697  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services.  (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

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to manage pain in the left arm, back, and head for one of three sampled residents (Resident 2) by failing to: 1. Notify a physician that Resident 2 continued to remain in pain after three to four hours of pain medication Oxycodone-Acetaminophen 10-325mg (a strong pain reliver to treat moderate to severe pain) administration. 2. Notify a physician that Resident 2 has been asking for the pain medication Hydromorphone-Acetaminophen 10-325 mg to be given every four hours instead of every six hours for better pain relief. These deficient practices have caused Resident 2 remined uncomfortable and kept waiting for the six hours mark on 11/12/2025 while in pain. Findings: A review of Resident 2's admission Record indicated, Resident 2 was admitted to the facility on [DATE] with a diagnosis of including unspecified fracture of lower end of left radius (broken arm bone), unspecified fall, heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen), essential hypertension ((when the pressure in your blood vessels is too high. A review of Resident 2's Progress Notes dated 11/8/2025 indicated, Resident 2 reported pain in the left upper and lower extremities following a fall, left arm and left leg are affected. A review of Resident 2's Care Plan (CP) initiated on 11/10/2025 indicated, Resident 2 exhibits or is at risk for alterations in comfort related to unspecified fracture of the lower end of left radius, heart failure, unspecified fall, abnormalities of gait and mobility. The CP goal indicated Resident 2 will achieve acceptable level of pain control through the next review date. The CP interventions included to advise resident to request pain medication before pain becomes severe, medicate resident, as ordered for pain and monitor for effectiveness and side effects. Report to physician as indicated. A record review of Resident 2's Order Summary Report (OSR) dated 11/8/2025 indicated, Oxycodone-Acetaminophen 10-325 mg give one tablet by mouth every 6 hours for moderate to severe pain 5-10/10 (pain or pain rating scale). During an interview on 11/13/2025 at 10:25 AM with Resident 2, Resident 2 stated, I had a fall and injured my head, back of neck, legs, and left arm broken. The pain medication oxycodone is ordered every six hours, and I must ask for it when I am in pain. The medication works to manage pain, but it is too far apart for me, it wears off after three to four hours. I want it to be at least every four hours to make me feel better and comfortable. During an interview on 11/13/2025 at 12:32 PM with Certified Nursing Assistant (CNA) 2, CNA 2 stated, Resident 2 is complaining about pain in her arms, she was asking for pain medication at least for a couple of times during the day. During an interview on 11/13/2025 with Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 2 receives Oxycodone-Acetaminophen 10 mg every six hours as needed. Starting 11/12/2025, Resident 2 was complaining about pain mainly the back of her neck and her arm due to her fall. Resident 2 asks for pain medication within three hours or so after the pain medication is administered. LVN 2 further stated, I did not notify the facility leadership or the physician, it was my responsibility to report the residents request for pain medication time adjustment. During an interview on 11/13/2025 at 1:41 PM with Registered Nurse supervisor (RN), RN stated, during my encounter with Resident 2 on 11/12/2025, the resident was asking for pain medication. Resident 2 wanted her pain medication administration time to be changed every four hours instead of six hours. I have notified the assigned LVN (LVN2) to notify the physician. RN stated, LVN 2 did not come to me to report Resident 2's condition, I would have contacted the physician. RN further stated, residents should be assessed post medication and if the medication is not effective, physician should be notified. During an interview on 11/13/2025 with the Director of Nursing (DON), DON stated, during my rounding visits this morning, Resident 2 asked for pain medications, when I informed the medication nurse (LVN 2), LVN 2 stated, Resident 2 is asking for pain medication before the due time. I have informed LVN 2 to contact the physician. I have called the pain doctor to assess and adjust the pain medication orders. DON stated, it is the assigned licensed staff responsibility to notify the DON and physician when pain is not managed and change of conditions. It is not according to the standard of practice not to address pain and residents' requests. During a review of the facility's policy and procedures (P&amp;P) titled Pain Management revised 12/16/2024, the P&amp;P indicated, Residents receiving interventions for pain will be monitored for the effectiveness and side effects (e.g., constipation, sedation) in providing pain relief. Document: Non-pharmacological interventions and effectiveness. Effectiveness of PRN medications. Ineffectiveness of routine or PRN medications including interventions, follow-up, and physician/ APP notification. Side effects, if present and notification of physician/APP. The nurse will notify the physician/advanced practice provider</p>		