

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 01/16/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation, interviews and record review, the facility failed to follow their own Policy and Procedure (P&P) by failing to provide access for medical records within 24 hours of Resident Representative (RP) request for one of the three sampled residents (Resident 2). This failure resulted in Resident 2's RP being denied the right to access the requested documents. Findings: A review of Resident 2's admission record indicated the facility admitted the resident on 11/18/2015, with diagnoses that included rheumatoid arthritis (a chronic progressive disease-causing inflammation in the joints and resulting in painful deformity and immobility), anemia (a condition where the body does not have enough healthy red blood cells), and hypertension (HTN-high blood pressure). During a review of Resident 2's history and physical (H&P) dated 12/12/2024 indicated, Resident 1 was able to make needs known but could not make medical decisions and that Resident 2's family member (FM) was the DPOA (durable power of attorney - legal authority to make Resident 2's decisions). The same H&P indicated the visit diagnoses as, Dementia without behavioral disturbance. A review of Resident 2's Minimum Data Set (MDS- a resident assessment tool). The MDS indicated Resident 2 mostly partial/moderate assistance for activities of daily living (ADLs) such as toileting hygiene, Shower/bathe, upper and lower body dressing, and putting on/taking off footwear. During an interview with the Medical Records Director (MRD) on 1/16/2026 at 12:18 pm, the MRD stated that residents, RPs, and other entities such as insurance companies, Department of Public Health, and attorneys. The MRD stated that a medical request authorized/signed by the resident/RP must be sent to the facility first to get the process started, then the records are provided within two business days after upon cooperate office review and approval. The MRD confirmed that the facility had received a request from Resident 2's RP for medical requests on 12/31/2025 via mail. The MRD stated that he started working on the request after he returned from his vacation on 1/5/2026 and was able to provide them with Resident 2's RP on 1/12/2026. During an interview with the Facility Administrator (FA) on 1/16/2026 at 12:35 pm, the FA confirmed and stated that Resident 2's medical records were not provided/released within 2 days as per facility's policy because the facility was waiting for clearance from the cooperate office. The FA stated that the facility had a medical records consultant who come in to assist with records in the event that the MRD is off, however, the consultant was also in charge of 60 other facilities. During a review of the policy and procedures (P&P) titled, Access to Personal and Medical Records, reviewed, 12/18/2025 indicated, Each resident has the right to access and/or obtain copies of his or her personal and medical records upon request. The same P&P indicated the following under Policy Interpretation and Implementation: The information will be provided in the form and format requested by the resident as long as the records are available in that format. Access to the resident's personal and medical records will be provided to the resident within 24 hours (excluding weekends and holidays) of his or her request. The resident may obtain a copy of his or her personal or medical record within two business days of an oral or written request. The</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 055755	If continuation sheet Page 1 of 2

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident, or his/her legal representative, may grant others the right to access the resident's records if such request is made in writing and identifies the information that is to be released and to whom the information is to be released.</p>