

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 01/20/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interview and record review the facility failed to ensure to develop a care plan for one of one sampled resident (Resident 2) reviewed for diabetes mellitus (a medical condition characterized by the body's inability to regulate blood sugar levels). This failure had the potential to affect Resident 2's diabetes care. Findings: During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 3/23/2024 with diagnoses including type 2 DM, and myocardial infarction (MI-heart attack). During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 12/31/2025, the MDS indicated Resident 2 was alert and oriented with good recall. The MDS indicated Resident 2 had an active diagnoses section of DM. During a concurrent interview and record review on 1/21/2026 at 1:21 PM with the Director of Nursing (DON) and the Minimum Data Set Nurse (MDSN), Resident 2's Care Plan Report was reviewed. The MDSN stated once the diagnosis was triggered in the MDS, a care plan would be triggered (in general). During the review of the Care Plan Report the surveyor searched for Diabetes Mellitus and no care plan appeared. The MDSN stated to search under diabetes and a care plan was visible. The diabetes care plan was dated 1/20/2026 and was created by the DON. The DON stated she (DON) created the care plan after overhearing the surveyor asked for Resident's 2 diabetes care plan. The DON stated the care plan for diabetes she (DON) created was incomplete. The MDSN stated there was no indication why the care plan was not done once the type 2 DM was triggered in the MDS. The MDSN stated that care plans were a comprehensive plan of care for Resident 2 and without the diabetes care plan, care would be incomplete. During a review of the facility's policy and procedures (P&P) titled, Care Plan Comprehensive, dated 12/18/25, indicated, an individualized comprehensive care plan included measurable objectives and timetables to meet the resident's (unspecified) medical, physical, mental, and psychosocial needs. The P&P indicated areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools before interventions are added to the care plan. The P&P indicated care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes.</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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