

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 01/27/2026
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the Minimum Data Set (MDS - a resident assessment tool) for one of two sampled residents (Resident 5) reflected the diagnosis of depression (a serious mood disorder causing persistent sadness and loss of interest in activities, affecting how you feel, think, and handle daily life). This failure had the potential for Resident 5 not to have a proper assessment, management, and monitoring of the psychotropic medication (drugs that alter brain chemistry to treat mental health conditions). Findings: During a review of Resident 5's admission Record, the admission Record indicated the facility admitted the resident on 12/10/2025 with diagnoses of Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), muscle weakness, and difficulty walking. During a review of Resident 5's Order Summary Report dated 12/25/2025, the Order Summary Report indicated Resident 5 was prescribed Mirtazapine (medication for depression) 15 milligrams (mg, a unit of measurement) for depression manifested by overconcern of health issues. During a review of Resident 5's MDS dated [DATE], the MDS indicated Resident 5 felt little interest or pleasure in doing things and feeling down depressed or hopeless half or more of the days. The MDS did not indicate Resident 5 was triggered for depression under active diagnoses. During a concurrent interview and record review on 1/27/2026 at 12:21 PM with Licensed Vocational Nurse 2 (LVN) 2, Resident 1's Care Plan Report and MDS dated [DATE] were reviewed. LVN 2 had uncertainty regarding whether Resident 5 was diagnosed with depression. LVN 2 reviewed the Care Plan Report and stated there was no care plan designated to the diagnosis of depression. LVN 2 reviewed the MDS and stated the diagnosis of depression was not triggered in the MDS. LVN 2 stated that if Resident 5 had a medication ordered for depression, then Resident 5 should have a diagnosis, care plan, and triggered in the MDS. During a concurrent interview and record review on 1/27/2026 at 1:28 PM with the Director of Nursing (DON) and the Minimum Data Set Nurse (MDSN), Resident 5's Interdisciplinary Team (IDT) dated 12/29/2025 was reviewed. The DON stated Resident 5 received a depression diagnosis from the hospital. The DON stated the resident was transferred out to the General Acute Care Hospital (GACH) on 12/21/2025 and upon readmission the psychiatrist (medical doctor who specializes in the mental health field) wanted to continue the Mirtazapine from the GACH. The MDSN stated once the order was in the electronic chart there was no alert to trigger depression diagnosis in the MDS. The DON stated at the readmission care conference there would be a discussion about psychotropic medication. The DON stated after readmission, at Resident 5's bedside, all medications were read to Resident 5 and family. The IDT care conference dated 12/29/2025 was reviewed, and no review of medication was documented. The DON and MDSN reviewed the electronic chart and stated that no care plan was documented for depression or use of Mirtazapine. The DON stated without a care plan Resident 5 would be at risk for something being missed. The MDSN stated the care plan was a comprehensive plan of care for Resident 5 and without it the nurses could miss something. During a review of the facility's policy and procedures (P&P) titled,</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Psychotropic Medication Use, dated 11/2025, indicated resident do not receive psychotropic medication that are not clinically indicated and necessary to treat a specific condition documented in the medical record. The P&P indicated when determining whether to initiate, modify, or discontinue medication therapy, the IDT team conducts and documents and evaluation of the resident. The P&P indicated an evaluation of the resident underlying condition and medication are done on admission or readmission. The Adequate indication for use refers to identified, documented clinical rational for administering medication based on assessment of the resident's condition and therapeutic goals.</p>		