

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 03/19/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Base on observation, interview, and record review, the facility failed to implement its' infection control policy and procedures (P&P) for one of three residents (Resident 4) by failing to ensure Resident 4's Representative (RP) was provided a consent (give permission for something to happen) for Influenza (Inactivated or recombinant injection given to prevent influenza (flu) illness, Pneumonia (dangerous lung infections), and Covid (highly contagious respiratory illness which is airborne and transmitted through coughing or sneezing) vaccinations. This deficient practice deprived Resident 4 and RP of the right to make an informed decision and placing her (Resident 4) at a risk of contracting the Flu, Pneumonia, and or Covid illnesses. During a review Resident 4's admission record indicated the facility admitted Resident 4 on 7/6/2026, with diagnoses that included benign neoplasm of meninges (a non-cancerous (benign) tumor that develops in the protective membrane surrounding the brain and spinal cord), altered mental status (any sudden or gradual change in a person's baseline mental function, including confusion, decreased alertness, or behavioral changes), and adult failure to thrive (rapid decline in physical, mental, and social functioning that is marked by unexplained weight loss). During a review of Resident 4's history and physical (H&P - a comprehensive, structured, and legally required medical report documenting a patient's current, subjective health history and a clinician's objective, hands-on assessment) dated 6/17/2025 indicated Resident 4 did not have the capacity to understand and make decisions. During a review of Resident 4's Minimum Data Set (MDS-a resident assessment tool) dated 12/24/2025, the MDS indicated Resident 4 had severe cognitive impairment (a significant, advanced decline in mental abilities such as memory, reasoning, and decision-making which makes it impossible for a person to live independently). The same MDS indicated Resident 4 mostly required between supervision or touching to setup or cleaning assistance for activities of daily living (ADLs) such as oral hygiene, toileting hygiene, Shower/bathe, lower body dressing, personal hygiene, and putting on/taking off footwear. During an interview with the Infection Prevention Nurse (IPN) on 3/19/2026 at 1:43 pm, the IPN stated that before administering a vaccination such as Influenza, Covid, pneumonia etc. a resident or their representative must sign a consent to indicate that they have been educated on the benefits and risks. IPN confirmed that there was no documented evidence that Resident 4's representative were not given the consent. During a review of the facility's P&P titled, Title: Infection Prevention and Control Program, reviewed 12/18/2025, indicated, An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The same P&P indicated under immunization policies and procedures which included obtaining direct and proxy consent, and how often.</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