STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055755	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Care Center	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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide dental visits per regulations for one of three sampled residents (Resident 2).This deficient practice resulted in Resident 2 experiencing discomfort while eating, potentially leading to malnutrition, weight loss, and hospitalization.During a review of Resident 2's admission Record, the admission Record indicated Resident 2 was admitted on [DATE], with diagnoses including but not limited to type 2 diabetes (uncontrolled elevated blood sugar), right leg below the knee amputation (surgical removal of the lower leg) and hypertension (elevated blood pressure).During a review of Resident 2's minimum data set (MDS - a resident assessment tool) dated 4/15/2026, the MDS indicated Resident 2 had a brief interview for mental status (BIMS - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 13 (the resident is cognitively intact) and required assistance with activities of daily living (ADL) and mobility.During a review of Resident 2's care plan report, the care plan indicated the resident is at risk for cardiovascular (refers to the heart [cardio] and the blood vessels [vascular]) symptoms or complications.During an interview on 6/10/2026, at 10:45a.m. Resident 2 stated they (Resident 2) would like to see the dentist and have dental hygiene performed and have a broken tooth looked at. Resident 2 stated the broken tooth had been causing some discomfort. Resident 2 stated they (Resident 2) informed a staff member but did not remember the name. Resident 2 stated they (staff) must have forgotten about the request since they (staff) have not mentioned anything since the request.During an interview on 6/10/2026, at 1:08p.m. with the Director of Nursing (DON), the DON stated dental comes to the facility every three to six months and performs routine exams on the residents. If a resident has a concern, then a referral is submitted and they have dental come in sooner if they are available.During a phone interview on 6/15/2026, at 4:12p.m. with the Social [NAME] Director (SSD), the SSD stated that the facility's dental provider visits one to two times per month and requests the facility census to ensure newly admitted residents receive a baseline dental exam. The SSD reported that a resident admitted for two months should have been seen at least once. The SSD stated they were not aware that Resident 2 had requested a dental referral and confirmed Resident 2 had not been seen by dental despite being in the facility for two months. Dental was on-site on 4/29/2026 but did not see Resident 2 due to insurance coverage issues. The SSD stated they were not informed of this and that no follow^up occurred regarding which residents were seen on 4/29/2026. The SSD emphasized that timely dental care is important to maintain oral hygiene and prevent pain, poor intake, weight loss, psychosocial isolation, and potential hospitalization.During a review of the facility's policy and procedure (P&P) titled, Dental Services, dated 12/18/2025, the P&P indicated that emergency and routine dental services will be provided to residents in accordance with their assessment and plan of care. The P&P indicated that social services is to facilitate dental appointments for residents at the facility.

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