

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/17/2026
NAME OF PROVIDER OR SUPPLIER  Sherman Village Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE  12750 Riverside Drive North Hollywood, CA 91607	

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 0837  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>Based on observation, interview, and record review, the facility failed to ensure: 1. A licensed Administrator (ADM) was appointed to serve in the capacity of a Nursing Home Administrator (NHA). 2. A licensed Administrator (ADM) was present at the facility for sufficient hours to provide adequate oversight and management of operations. These deficient practices resulted in the facility operating without consistent administrative oversight and had the potential to adversely affect the facility's overall operations, regulatory compliance, and quality of care provided to residents. Findings: During an observation and concurrent interview on 3/13/2026 at 10:15 a.m., the Director of Nursing (DON) license was observed posted in the facility lobby identifying the DON as the Abuse Coordinator. During the same time, the Receptionist stated the facility had a temporary Administrator (ADM) who was attending a corporate conference and had not been present in the facility for the past three days. During a record review of the Department Head Directory on 3/13/2026 at 10:15 a.m., the directory indicated there was no Administrator (ADM) listed. During an interview on 3/13/2026 at 9:49 a.m., Licensed Vocational Nurse (LVN) 1 stated the facility's Administrator left on January 10, 2026. LVN 1 further stated the facility had an interim ADM who came to the facility approximately three times per week for a few hours. During an interview on 3/13/2026 at 11:00 a.m., the DON stated she had worked at the facility for three years. The DON confirmed the previous ADM left on January 10, 2026, and stated the facility had been actively seeking a replacement. The DON further stated a new ADM had been hired and was scheduled to start on March 23, 2026. The DON stated a regional ADM was currently providing oversight and came to the facility for approximately three to four hours per visit, either in the morning or afternoon. The DON further stated the regional ADM did not have a formal appointment letter designating them as the Administrator and had been assigned by the corporate office.</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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