STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056159	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sherman Village Hcc	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to respect one of the three sampled residents (Resident 1) rights by failing to ensure Resident 1's Physician Orders for Life Sustaining Treatment (POLST- document that acts as a set of binding medical orders for people with serious illnesses or advanced frailty which is intended for immediate use by emergency responders to honor a patient's wishes for care during a medical crisis) was followed.This failure violated Resident 1's and Resident 1's Representative (RR 1) rights.Findings:During a review of Resident 1?s admission Record, the admission Record indicated the facility admitted Resident 1 on [DATE], with diagnoses that included unspecified (unconfirmed) chronic respiratory failure (a long-term, serious condition where the lungs cannot properly exchange gases, leading to low oxygen or high carbon dioxide in the blood), unspecified coma (a state of deep, prolonged unconsciousness where a person is alive but unable to wake up, move, or respond to their environment, light, or sound), tracheostomy (a surgically created hole [stoma] in the neck leading directly into the windpipe [trachea] to provide an airway, often using a tube to help with breathing) and dependent on ventilator (a medical device to help support or replace breathing). The admission Record indicated RR 1 was Resident 1's primary decision maker and Family Member 1 (FM 1) was the first emergency contact person.During a review of Resident 1's POLST, dated [DATE], the POLST indicated a physician order for do not resuscitate (DNR- a medical order written by a doctor to instruct health care providers not to do cardiopulmonary resuscitation (CPR) if breathing stops or the heart stops beating) if Resident 1 was found with no pulse and not breathing. The POLST indicated a physician order for comfort focused treatment and no hospitalization transfer if Resident 1 was found with a pulse and was breathing. The POLST indicated RR 1 was Resident 1's legally recognized decision maker.During a review of Resident 1's Physician Order, dated [DATE], the Physician Order indicated, DNR, comfort measures only, no hospitalization.During a review of Resident 1's Care Plan, dated [DATE], about advance directive (AD-a legal document indicating resident preference on end-of-life treatment decisions), the Care Plan indicated no CPR, no hospitalization and comfort focused treatment with an intervention to respect residents and or family wishes.During a review of Resident 1's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated [DATE], the H&P indicated Resident 1 did not have the capacity to understand and make decisions.During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool) dated [DATE], the MDS indicated Resident 1's was on persistent vegetative state (a condition following severe brain damage where a patient is awake but shows no sign of consciousness or awareness of themselves or their surroundings).During a review of Resident 1's Change of Condition (COC- a document used to record and report any significant changes in a resident's physical, mental, or psychosocial status), dated [DATE], the COC indicated on [DATE], at 12:25 a.m., Resident 1 had elevated temperature at 100 degrees Fahrenheit, respiratory distress and vomited three times. The COC indicated Registered Nurse 1 (RN 1), called Respiratory Therapist, and called FM 1 who did not pick up the phone. The COC indicated Resident 1 got worse and RN 1 called (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	911 (emergency medical response). The COC indicated when paramedics arrived, RN 1 called FM 1 again and requested to transfer Resident 1 to the hospital.During an interview on [DATE], at 8:41 a.m., with the Complainant, the Complainant stated Resident 1 was transferred to General Acute Care Hospital (GACH) on [DATE], even with a POLST order of no hospitalization.During an interview on [DATE], at 9:20 a.m., with RN 2, RN 2 stated Resident 1's code status (a set of instructions that tell medical professionals what, if any, life-saving measures you want them to take if your heart or breathing stops) was DNR. RN 2 stated RR 1 should have been notified first and if he (RR1) did not respond then FM 1 should be called after.During an interview on [DATE], at 9:37 a.m., with the Director of Nursing (DON), the DON stated Resident 1's POLST indicated RR 1 as Resident 1's legal decision maker. The DON stated the POLST are directives for healthcare if in case the residents cannot decide for themselves. The DON stated when Resident 1 was transferred to GACH on [DATE], Resident 1 and RR 1's rights were violated. The DON stated that the facility should have a meeting with FM 1 and RR 1 to check if RR 1 can give power of attorney (POA- a legal document that appoints a trusted person to manage the legal, financial, or medical affairs) to FM 1 since RR 1 was from out of the country. The DON stated as of today ([DATE]), FM 1 does not have a POA. The DON stated Resident 1's POLST was not followed. The DON stated the facility did not respect Resident 1 and RR 1's rights and violated Resident 1 and RR1's autonomy.During an interview on [DATE], at 11:19 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated on [DATE], Resident 1 had a fever, medicated with acetaminophen (medication used to treat pain and fever) but was not effective. LVN 1 stated Resident 1's breathing became abnormal, so she (LVN 1) reported to RT and RN 1. LVN 1 stated Resident 1's code status was a DNR and no hospitalization. LVN 1 stated Resident 1 was transferred to GACH because the facility could not control Resident 1's vital signs, causing an elevated temperature and heart rate. LVN 1 stated RN 1 called FM 1, but RR 1 was the decision maker.During an interview on [DATE], at 11:26 a.m., with RN 1, RN 1 stated on [DATE], he (RN 1) was rounding when he (RN 1) saw the RT at Resident 1's bedside and reported that Resident 1 had respiratory distress, with elevated temperature and heart rate and the staff cannot stabilize her (Resident 1). RN 1 stated he (RN 1) called FM 1 and FM 1 said to transfer to the hospital. RN 1 stated he (RN 1) called FM 1 because she (FM 1) was the first emergency contact person listed in the admission Record. RN 1 stated based on his (RN 1) understanding if Resident 1 was found unresponsive with no pulse and not breathing then they follow the POLST for DNR and no hospitalization but on [DATE], Resident 1 had vital signs but in respiratory distress so he (RN 1) can still call 911 to transfer Resident 1 to GACH. RN 1 stated he (RN 1) did not want to keep Resident 1 at the facility on respiratory distress.During a review of facility's policy and procedure (P&P) titled, Resident Rights, dated 2/2021, and last reviewed on [DATE], the P&P indicated, Employees shall treat all residents with kindness, respect, and dignity.1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents' right to:a. a dignified existence;b. be treated with respect, kindness, and dignity; .e. self-determination ;.h. be supported by the facility in exercising his or her rights; .k. appoints a legal representative of his or her choice, in accordance with state law; .During a review of facility's P&P, titled, Change in a Resident's Condition or Status, dated 2001, and last review on [DATE], the P&P indicated, Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status.Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: .b. there is a significant change in the residents' physical, mental, or psychosocial status; .e. it is necessary to transfer the resident to a hospital/treatment center.During a review of Resident 1's POLST, dated [DATE], the POLST indicated, POLST must be completed by a health care provider based on patient preferences and medical indications. A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's (continued on next page)

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