

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan (is a form that summarizes a person's health conditions and current treatments for their care) for one of three sample residents (Resident 3) for Resident 3's risk for falls. This failure had the potential to place Resident 3 at risk for an avoidable fall. Findings: During a review of Resident 3's admission Record (AR), the AR indicated the facility admitted the resident on 5/5/2026 with diagnoses that included difficulty in walking, fall on same level, dementia (a progressive state of decline in mental abilities), unspecified, muscle weakness (generalized), and dizziness. During a review of Resident 3's Fall Risk Evaluation, dated 5/5/2026 at 8:35 p.m., the Fall Risk Evaluation indicated Resident 3 had one to two falls in the past three months, had intermittent confusion and had poor vision. Resident 3 fall risk score was 12 (a score of 10 or greater resident should be considered at high risk for potential falls). During a review of Resident 3's History and Physical (H&P- a comprehensive, formal medical document created by a clinician during an initial patient encounter or hospital admission), dated 5/6/2026 at 5:22 p.m., the H&P indicated Resident 3 was cognitively impaired and required monitoring for safety functions. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 6/2/2026, the MDS indicated Resident 3's cognition was moderately impaired. The MDS indicated Resident 3 required supervision (helper provides verbal cues and or touching steadying and or contact guard assistance as resident completes activity) with showering and was independent (resident completes activity by themselves with no assistance from a helper) with eating, oral hygiene, toileting, upper and lower body dressing and putting on and taking off footwear. During a review of Resident 3's Change of Condition (COC) Assessment Form dated 6/21/2026 at 7:19 a.m. the COC Assessment Form indicated Resident 3 was found on the floor sitting upright. During a review of Resident 3's Fall Risk Evaluation dated 6/21/2026 at 8 a.m., the Fall Risk Evaluation indicated Resident 3 had no falls in the past three months, was alert and oriented times three (they are awake and aware of their own name, know where they are, and they know the current day of the week). The Fall Risk Evaluation indicated Resident 3 had a fall risk score of 8 (not a high risk for falls). During a review of Resident 3's Care plan Report (CP) initiated on 6/21/2026, the CP indicated falling star program at risk for falls related to history of falls with interventions that included floor mats (a thick, soft foam pad placed on the floor next to a bed or chair), place resident close to nursing station for close observation and frequent visual monitoring. During a review of Resident 3's Order Summary Report (OSR) dated 6/23/2026, the OSR indicated Resident 3 was on the super star program with frequent visual monitoring due to high risk for fall and injury document per shift every shift for super star program. During a review of Resident 3's CP initiated on 6/23/2026, the CP indicated superstar falling star program at risk for falls related to balance deficit, cognitive impairment, decrease strength and endurance, history of (continued on next page)		

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: 056159 If continuation sheet Page 1 of 4

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	falls and non-compliant with requests for assistance of call light. The CP interventions included frequent visual monitoring, falling start if indicated and floor mats. During a concurrent interview and observation on 7/6/2026 at 11:06 a.m. with Resident 3, Resident 3 stated is able to walk on own but does get dizzy. In Resident 3's room observed no landing mats on either side of Resident 3's bed. During a concurrent interview and observation on 7/6/2026 at 1:22 p.m. of Resident 3's room with the Director of Staff Development (DSD) the DSD stated Resident 3 did not have a landing mat in her room. The DSD stated floor mats are contraindicated for Resident 3 due to Resident 3 being ambulatory would be a trip hazard. During a concurrent interview and record review on 7/6/2026 at 4:20 p.m. of Resident 3's care plans with the Director of Nursing (DON), the DON stated the care plans for falls indicated the interventions of using floor mats but would not be applicable to Resident 3 as she ambulates and is high functioning. The DON stated this is contraindicated because the landing mat would be a potential trip hazard. The DON stated if the care plan has it listed as an intervention it should be implemented. The DON stated the care plan is not accurate because it is contraindicated for Resident. The DON stated care plans should be resident-centered, the care plan for Resident 3 is not resident-centered and can potentially cause Resident 3 to have a fall if the care plan was implemented as written. During a review of the facility's Policy and Procedures (P&P) titled, Care Plans, Comprehensive Person-Centered, last reviewed on 3/26/2026, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.9. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to maintain medical records in accordance with acceptable professional standards and practices for one of three sampled residents (Resident 1) when Resident 3 had a fall on 6/21/2026 and the Fall Risk Evaluation (a simple check-up by a healthcare provider to see how likely an older adult is to fall) was inaccurate. This failure resulted in inaccurate documentation of Resident 3's records. Findings: During a review of Resident 3's admission Record (AR), the AR indicated the facility admitted the resident on 5/5/2026 with diagnoses that included difficulty in walking, fall on same level, dementia (a progressive state of decline in mental abilities), unspecified, muscle weakness (generalized), and dizziness. During a review of Resident 3's Fall Risk Evaluation dated 5/5/2026 at 8:35 p.m., the Fall Risk Evaluation indicated Resident 3 had one to two falls in the past three months, had intermittent confusion and had poor vision. Resident 3 fall risk score was 12 (a score of 10 or greater resident should be considered at high risk for potential falls). During a review of Resident 3's History and Physical (H&P- a comprehensive, formal medical document created by a clinician during an initial patient encounter or hospital admission), dated 5/6/2026 at 5:22 p.m., the H&P indicated Resident 3 was cognitively impaired and required monitoring for safety functions. During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 6/2/2026, the MDS indicated Resident 3's cognition was moderately impaired. The MDS indicated Resident 3 required supervision (helper provides verbal cues and or touching steadying and or contact guard assistance as resident completes activity) with showering and was independent (resident completes activity by themselves with no assistance from a helper) with eating, oral hygiene, toileting, upper and lower body dressing and putting on and taking off footwear. During a review of Resident 3's Change of Condition (COC) Assessment Form dated 6/21/2026 at 7:19 a.m. the COC Assessment Form indicated Resident 3 was found on floor sitting upright. During a review of Resident 3's Fall Risk Evaluation dated 6/21/2026 at 8 a.m., the Fall Risk Evaluation indicated Resident 3 had no falls in the past three months, was alert and oriented times three (they are awake and aware of their own name, know where they are, and they know the current day of the week). The Fall Risk Evaluation indicated Resident 3 had a fall risk score of 8 (not a high risk for falls). During a review of Resident 3's Care plan Report (CP) initiated on 6/21/2026, the CP indicated falling star program at risk for falls related to history of falls with interventions that included floor mats (a thick, soft foam pad placed on the floor next to a bed or chair), place resident close to nursing station for close observation and frequent visual monitoring. During a review of Resident 3's Order Summary Report (OSR) dated 6/23/2026, the OSR indicated Resident 3 was on the super star program with frequent visual monitoring due to high risk for fall and injury document per shift every shift for super star program. During a review of Resident 3's CP initiated on 6/23/2026, the CP indicated superstar falling star program at risk for falls related to balance deficit, cognitive impairment, decrease strength and endurance, history of falls and non-compliant with requests for assistance of call light. The CP interventions included frequent visual monitoring, falling start if indicated and floor mats. During a concurrent interview and observation on 7/6/2026 at 11:06 a.m. with Resident 3, Resident 3 stated is able to walk on own but does get dizzy. In Resident 3's room observed no landing mats on either side of Resident 3's bed. During a concurrent interview and record review on 7/6/2026 at 4:20 p.m. with the Director of Nursing (DON), the DON stated fall risk assessments are done on admission, readmission and when there is a fall. The DON reviewed Resident 3's AR and stated Resident 3 had a fall prior to admission. The DON reviewed Resident 3's (continued on next page)		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Fall Risk Evaluation dated 5/5/2026 and stated Resident 3 had a fall risk score of 12 indicating a risk for a fall. The DON reviewed Resident 3's Fall Risk Evaluation dated 6/21/2026 and stated that Resident 3's fall risk score was 8 and indicates Resident 3 has no history of falls in the last three months. The DON stated the 6/21/2026 Fall Risk Evaluation should indicate there is a history of falls because it has not been more than three months since Resident 1's initial fall and the fall on 6/21/2026 should be counted as well. The DON stated this fall risk is not accurate, potential for not providing the correct care for resident safety from fall. During a review of the facility's Policy and Procedures (P&P) titled, Charting and Documentation last reviewed on 3/26/2026, the P&P indicated documentation will be objective, complete and accurate.		