

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 07/28/2026
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility staff failed to ensure that the call light (a vital safety system in nursing homes that allows residents to signal staff members when they need help) request for assistance was answered promptly for one of the three sampled residents (Resident 1). This deficient practice had the potential not to meet Resident 1's needs. Findings: During a review of Resident 1's undated Face Sheet (admission record), the Face Sheet indicated the facility admitted Resident 1 on 4/3/2026, with diagnoses including an acquired absence of right leg below the knee, bipolar disorder (a mental health condition defined by extreme shift in mood, energy, and activity levels involving emotional highs and lows), and hypertension (high blood pressure). During a review of Resident 1's History and Physical (H&P - a formal assessment of the resident to collect a resident's background information and perform a physical exam), dated 4/10/2026, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 7/13/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. During a concurrent observation and interview on 7/28/2026 at 10:20 a.m. with Resident 1, Resident 1 was observed in the room on a wheelchair. Resident 1 stated that the facility does not answer his call light when he calls the staff. Observed Resident 1 turned on the call light during an interview, no staff came to Resident 1's room after the call was turned on for 20 minutes. During an interview, on 7/28/2026 at 2 p.m., with Director of Nursing (DON), the DON stated it is unacceptable for staff not to answer call light on time. The DON stated the facility failed to follow its policy of answering call light immediately. The DON stated in-service will be done for answering the call lights. During a review of the facility policy and procedure (P&P) titled, Answering the Call Light, last reviewed and approved on 4/30/2026, the P&P indicated, The purpose of this procedure is to ensure timely responses to the resident's request and needs. 1. Answer the resident call system immediately.		

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: 056159	Facility ID: 056159 If continuation sheet Page 1 of 1