

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055755	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Sharon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>(continued on next page)</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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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record reviews, the facility failed to ensure one of three sampled residents (Resident 1) who was at risk for dehydration (lack of drinking sufficient fluids to meet the body's need) and malnutrition (food ingested [eaten]) does not provide enough nutrients or the right balance for optimal health) did experience unplanned severe weight (wt.) loss (a body weight loss of greater than 7.5 percent [% - unit of measure] in three months). By failing to: 1. Implement physician orders for a Restorative Nursing Aide (RNA: a certified nursing assistant who has completed additional training in rehabilitation who helps people regain and maintain their ability to do everyday things like walking, eating, and bathing) feeding program for breakfast and lunch dated 9/24/2025. As a result, Resident 1 experienced a 9.4% weight loss in three months from 9/17/2025 (82.8lbs) to 12/4/2025 (75lbs). These failures had the potential for further decline and complications related to Resident 1's protein-calorie malnutrition (the state of inadequate intake of food [as a source of protein, calories, and other essential nutrients] in the body) and placed the resident at risk for further unplanned severe weight loss. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 7/16/2025 and readmitted Resident 1 on 9/17/2025 with diagnoses that included diagnoses that included essential hypertension (HTN-high blood pressure), CDK stage 3 (chronic kidney disease stage 3 - the kidneys have moderate damage, working at about half capacity, causing waste & extra fluid to build up, leading to possible fatigue, swelling, or high blood pressure), Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), anemia (a condition where the body does not have enough healthy red blood cells), myelodysplastic syndrome (when the blood-forming cells in the bone marrow are damaged), and muscle wasting and atrophy (the muscles shrink, losing mass, size, and strength, often from inactivity, aging, malnutrition, injury, or diseases like nerve damage or chronic illness, leading to weakness, impaired movement). During a review of Resident 1's History and Physical (H&P- physician's examination of a resident, in which the physician obtains a thorough medical history from the resident or resident representative, performs a physical examination, and then documents the findings) dated 9/3/2025, the H&P indicated Resident 1 did not have the capacity (ability) to understand and make decisions. During a review of Resident 1's Weight Summary dated 9/17/2025 at 3:05 pm, the weight summary indicated the resident weighed 82.8 lbs. During a review of Resident 1's Weight Summary dated 9/22/2025 at 3:11 pm, the weight summary indicated the resident weighed 81.7 lbs. During a review of Resident 1's Interdisciplinary Team (IDT, a team of health care professions, which include the facility's medical director, Director of Nursing (DON), social worker, registered nurse, and other staff as needed who work together to establish plans of care for residents) Care Conference note dated 9/26/2025, the IDT note indicated Resident 1 had poor oral intake (was eating poorly). During a review of Resident 1's Nutrition Progress Note dated 9/24/2025, the Nutrition Progress Note indicated a recommendation for Resident 1 to be on the RNA feeding program for increased oral intake (eating by mouth). During a review of Resident 1's Weight Summary dated 10/1/2025 at 3:00 pm, the weight summary indicated the resident weighed 80 lbs. During a review of Resident 1's Minimum Data Set (MDS - a standardized resident assessment tool) dated 10/6/2025, the MDS indicated Resident 1 sometimes had the ability to understand others and make herself understood. The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) for eating, oral hygiene (ability to use items to clean teeth and keep mouth clean), toileting (going to the bathroom to urinate or poop), and showering/bathing. During a review of Resident 1's Nutritional assessment dated [DATE], the Nutritional Assessment indicated Resident 1 was 62 inches (5 foot 2 inches) tall and weighed 80 pounds with a body mass index (BMI - a quick way to estimate if your weight is healthy for your height using a simple formula [below 18.5 = underweight, 18.5 to 24.9 = healthy weight, 25-29.9 overweight]) of 14.6. The Nutritional Assessment indicated Resident 1's usual body weight was 90 pounds. The Nutritional Assessment indicated Resident 1 had a 10.1% weight loss in 1 month and a 14% weight loss in three months. The Nutritional Assessment note indicated Resident 1 had poor oral intake with an intervention for an RNA feeding program. During a review of Resident 1's IDT Care Conference note dated 10/22/2025, the IDT note indicated the meeting was attended by the facility's Director of Nursing (DON), Director of Rehab (DOR), and three RNAs. The IDT note indicated the meeting was regarding Resident 1's RNA program and Resident 1 was tolerating exercises. The IDT note did not indicate if Resident 1 was tolerating the RNA feeding program. During a</p>		