

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 03/05/2020
NAME OF PROVIDER OF SUPPLIER SHARON CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview, the facility failed to provide bed linens in good condition for five of five sampled residents (Residents 1, 2, 3, 4, and 5). This failure had the potential to affect the residents' physical and psychosocial well-being. Findings: An unannounced visit was conducted to investigate a complaint on 1/27/20. During a facility tour on 1/27/20 from 2:48 p.m. to 3:15 p.m., the following were observed: 1. Resident 2's fitted linens were with multiple small holes and ripped in the corner at the foot portion of the bed; 2. Resident 3's top sheet was stained and with small holes in it; 3. Resident 4's fitted linen was thinned out from use and ripped in the corner; and 4. Resident 5's fitted linen was ripped in the garter margin of the sheet. During an interview with the Certified Nurse Assistant (CNA) 1 on 1/27/20 at 2:48 p.m., CNA 1 confirmed the fitted linen used on Resident 2's bed was old with holes and ripped in the edge at the foot part. During an interview with the Director of Nurses (DON) on 1/27/20 at 3:04 p.m., the DON confirmed there were holes found in the linens for Resident 3 and Resident 4. The DON stated fitted linen for Resident 4 was thinning out from use. The DON also mentioned that the CNAs were told to throw away linens that were old, torn, and with holes. During an interview with CNA 2 on 1/27/20 at 3:25 p.m., CNA 2 said when CNAs find linens with holes or ripped, the CNAs were to change those linens. Those damaged or old linen should have been thrown to the trash. CNA 2 stated the morning shift were responsible in changing the linens of the residents. They would get linens either from the linen closets or directly from laundry. During an interview with the Laundry Personnel (LP) on 1/27/20 at 3:30 p., LP stated when damaged or torn linens were observed these were set aside for inventory prior to discarding or throwing them away. The Housekeeping Supervisor (HS) was responsible for the inventory of the damaged linens. During an interview with the HS on 1/27/20 at 3:35 p.m., the HS said the process for damaged linens was to put aside somewhere in the laundry area for inventory. Some nurse would go down to the laundry room and would pick any linens available which included the damaged linens. This brought the damaged linens back to use on the residents' beds. HS denied having policy and procedure specific to discarding of damaged linens. During a concurrent observation and interview with Resident 1 on 1/27/20 at 4:00 p.m., inside Resident 1's room, Resident showed a thick, off-white blanket stained with a visible black substance. Resident 1 was concerned what the black stain could be. A review of the facility's policy and procedure titled, Accommodation of Needs, with revision date on 11/28/16 and review date on 12/5/19, indicated The resident has the right to a safe, clean, comfortable, and home-like environment including, but not limited to, receiving treatment and supports for daily living safely The Center must provide: . Clean bed and bath linens that are in good condition.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.