STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

SHARON CARE CENTER INC
SHARON CARE CENTER ASSISTED LIVING
1509 HARRISON AVE
CENTRALIA, WA 98531

RE: SHARON CARE CENTER ASSISTED LIVING License # 1428

Dear Administrator:

This letter addresses Compliance Determination(s) 43694 (Completion Date 07/05/2024) and 39570 (Completion Date 04/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/05/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-24642, WAC 388-78A-24642-1, WAC 388-78A-24642-2, WAC 388-78A-24642-3, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2150, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3

The Department staff who did the on-site verification:
Anissa Bearden, Licensor
Celeste Vashey, ALF LTC Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 1428	Compliance Determination # 39570
Plan of Correction	SHARON CARE CENTER ASSISTED LIVING	Completion Date
Page 1 of 7	Licensee: SHARON CARE CENTER INC	04/12/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 04/10/2024 and 04/12/2024 of:
SHARON CARE CENTER ASSISTED LIVING
1509 HARRISON AVE
CENTRALIA, WA 98531

The following sample was selected for review during the unannounced on-site visit: 12 of 62 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Yvonne Chitekwe

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit Z
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michael O'Brien For Jody Just — 04/16/2024

Residential Care Services — Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

4-22-24
Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check for 1 of 5 sampled staff (Staff E). This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 04/10/2024 at 1:30 PM, the department received the requested staff records.

Staff E
Record review for Staff E, Medication Assistant, showed Staff E was hired on 08/172023. Review of Staff E's personnel file showed no National Fingerprint background check for Staff E.

On 04/12/2024 at 12:00 PM, no additional background checks were provided for Staff E.
During an exit interview on 04/12/2024 at 12:00 PM, Staff B, Director of Nursing Services, acknowledged that the there was no National fingerprint background check for Staff E.

Plan/Attestation Statement

Administrator (or Representative) Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check for 1 of 5 sampled staff (Staff E). This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

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Plan/Attestation Statement

Statement of Deficiencies	License #: 1428	Compliance Determination # 39570
Plan of Correction	SHARON CARE CENTER ASSISTED LIVING	Completion Date
Page 3 of 7	Licensee: SHARON CARE CENTER INC	04/12/2024

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 5-25-24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) [signature] Date 4-22-24

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 3 sampled staff (Staff D and Staff E) completed required training per regulations. This failure placed all residents at risk of being cared for by untrained staff.

Findings included...

During an unannounced licensing inspection on 04/10/2024 at 1:30 PM, the department received the requested staff records.

Staff D
Record review for Staff D, Medication Assistant showed that Staff X was hired on 01/25/2023. Documentation of the 70-hour basic training as well as Dementia and Mental Health specialty training was not found for Staff D.

Staff E
Record review for Staff E, Medication Assistant, showed that Staff E was hired on 08/17/2023. Documentation of Dementia and Mental Health specialty training was not found for Staff E.

In an exit interview on 04/12/2024 at 1:30 PM, Staff B, Director of Nursing Services, acknowledged that the required training for Staff D and E was not completed.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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Statement of Deficiencies	License #: 1428	Compliance Determination #: 39570
Plan of Correction	SHARON CARE CENTER ASSISTED LIVING	Completion Date
Page 4 of 7	Licensee: SHARON CARE CENTER INC	04/12/2024

Plan/Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 4-22-24 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 3 of 12 sampled residents (Resident 5, 9, 11). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 3 of 12 sampled residents (Resident 5, 9, 11). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

During an unannounced licensing inspection on 04/10/2024 at 10:30 AM, the department received the requested resident records.

Resident 5 (R5)
On 04/11/2024 at 10:30 AM, R5's records showed that R5 admitted to the facility on [redacted]/2020 with various diagnoses including [redacted].

Review of R5's dietary order dated 02/01/2023, documented R5 was to receive a renal/controlled carbohydrate diet with regular texture and thin consistency.

Review of R5's NSA dated 02/07/2024, showed no documentation of the type of diet that R5 was receiving.

Resident 9 (R9)
On 04/11/224 at 12:00 PM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R9's dietary order dated [redacted]/2024, documented R9 was to receive a general diet with regular texture and thin consistency.

Review of R9's NSA dated [redacted]/2024, showed no documentation of the type of diet that R9 was receiving.

Resident 11 (R11)
On 04/12/2024 at 11:10 AM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of the facility's resident characteristic roster showed that R11 was receiving home health services.

Review of R11's NSA dated 04/04/2024, showed documentation of R11 receiving home health services but no details of the services.

In an exit interview on 04/12/2024 at 1:20 PM, Staff B, Director of Nursing Services, acknowledged that the NSAs were missing the necessary health support services from outside providers and specific resident identified care and service needs for R5, R9, and R11.

Statement of Deficiencies	License #: 1428	Compliance Determination #: 39570
Plan of Correction	SHARON CARE CENTER ASSISTED LIVING	Completion Date
Page 6 of 7	Licensee: SHARON CARE CENTER INC	04/12/2024

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 5-25-24.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 4-22-24 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the responsible party at least annually for 3 of 12 sampled residents (Resident 7, 9, 10, and 12). This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

During an unannounced licensing inspection on 04/10/2024 at 10:30 AM, the department received the requested resident records.

Resident 7 (R7)
During an unannounced full inspection on 04/11/2024 at 11:00 AM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted]

Review of R7's NSA dated 01/01/2024 showed no signature of the resident and/or the resident representative.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the responsible party at least annually for 3 of 12 sampled residents (Resident 7, 9, 10, and 12). This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

During an unannounced licensing inspection on 04/10/2024 at 10:30 AM, the department received the requested resident records.

Resident 7 (R7)
During an unannounced full inspection on 04/11/2024 at 11:00 AM, R7's records showed that R7 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R7's NSA dated 01/01/2024 showed no signature of the resident and/or the resident representative.

Resident 9 (R9)
On 04/11/224 at 12:00 PM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R9's NSA dated [redacted]/2024, showed no signature of the resident and/or the resident representative.

Resident 10 (R10)
On 04/12/2024 at 11:00 AM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R10's NSAs dated 02/13/2024 and 03/12/2024, showed no signatures of the resident and/or the resident representative.

Resident 12 (R12)
On 04/12/2024 at 11:25 AM, R12's records showed that R12 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted]

Review of R12's NSA dated 01/12/2024, showed no signature of the resident and/or the resident representative.

In an interview on 04/12/2024 at 1:00 PM, Staff B, Director of Nursing Services stated that they had provided everything that they could for R7, 9, 10, and 12.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 5-25-24.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) [signature] Date 4-22-24

Resident 9 (R9)
On 04/11/224 at 12:00 PM, R9's records showed that R9 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R9's NSA dated [redacted]/2024, showed no signature of the resident and/or the resident representative.

Resident 10 (R10)
On 04/12/2024 at 11:00 AM, R10's records showed that R10 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted].

Review of R10's NSAs dated 02/13/2024 and 03/12/2024, showed no signatures of the resident and/or the resident representative.

Resident 12 (R12)
On 04/12/2024 at 11:25 AM, R12's records showed that R12 admitted to the facility on [redacted]/2018 with various diagnoses including [redacted].

Review of R12's NSA dated 01/12/2024, showed no signature of the resident and/or the resident representative.

In an interview on 04/12/2024 at 1:00 PM, Staff B, Director of Nursing Services stated that they had provided everything that they could for R7, 9, 10, and 12.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SHARON CARE CENTER ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

04/16/2024

SHARON CARE CENTER INC
SHARON CARE CENTER ASSISTED LIVING
1509 HARRISON AVE
CENTRALIA, WA 98531

RE: SHARON CARE CENTER ASSISTED LIVING # 1428

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/12/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jody Just, Field Manager
Residential Care Services
Region 3, Unit Z
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 246-215-04555 Equipment Mechanical warewashing equipment, hot water sanitization temperatures (FDA Food Code 4-501.112).

(1) Except as specified in subsection (2) of this section, in a mechanical operation, the temperature of the fresh hot water sanitizing rinse as it enters the manifold may not be more than 194 F (90 C) or less than:

(b) For all other machines, 180 F (82 C).

The facility failed to ensure that the facility's dishwasher maintained a temperature of 165 degrees Fahrenheit or above. During the inspection, the facility was able to show that the dishwasher was running at 180 degrees Fahrenheit, and that the kitchen staff were reading the thermometer incorrectly. The facility stated that they were going to train the kitchen staff on reading the dishwasher thermometer correctly.

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

Facility failed to provide clear documentation that a negotiated service agreement (NSA) was completed within 30 days from admission for 5 of 5 sampled residents. Staff B, Director of Nursing Services, was able to show a plan to document an initial and a 30-day NSA moving forward.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)397-9556.

Sincerely,

For

Jody Just, Field Manager
Region 3, Unit Z
Residential Care Services

Enclosure