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 # 1428

Dear Administrator:

This document references Compliance Determination 49905 (11/08/2024), which included complaint number(s) 150652.

The Department completed a complaint investigation of your Assisted Living Facility on 11/08/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Pamela Horlick, NCI RN Complaint Investigator

Consultation:

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

Facility did not have a facility reported incident report for review while on site. The facility was able to produce and provide an incident report by the end of the visit. Consultation provided.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the facility to determine if you have corrected all deficiencies.

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - 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 (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: SHARON CARE CENTER ASSISTED LIVING
Provider Type: Assisted Living Facility
License/Cert.#: 1428
Intake ID: 150652
Compliance Determination #: 49905
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 11/06/2024 through 11/08/2024
Complainant Contact Date(s):

Allegation(s):
Quality of Care/Treatment: Report of resident not receiving pain medication when needed.

Investigation Methods:

Sample:	Total residents: 66 Resident sample size: 7 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Residents Executive Director
Record Reviews:	State reporting log Incident investigation Facility policies Progress Notes Care Plan training

Investigation Summary:
Facility did not have a facility reported incident report for review while on site. The facility was able to produce and provide an incident report by the end of the visit. Consultation provided.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A