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

04/08/2025

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 letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 57632 (Completion Date 04/08/2025) and 56108 (Completion Date 03/11/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/08/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

The Department staff who did the On Site verification:
Paul Aube, ALF NCI

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: 166880
Compliance Determination #: 56108
Region/Unit #: RCS Region 3 / Unit E
Investigator: Paul Aube
Investigation Date(s): 03/11/2025 through 03/11/2025
Complainant Contact Date(s):

Allegation(s):

1. Quality of Care/Treatment: Facility report of resident fall with injury in the community.
2. Infection Control: Possible flu outbreak in the facility.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Residents Local Health Jurisdiction Management
Record Reviews:	Incident Reports/Investigation Facility policies Negotiated Service Agreements Nursing Assessments Progress Notes

Investigation Summary:

1. Quality of Care/Treatment: Facility investigated incident, reported to all appropriate parties, and monitored resident per policy. No failed practice.
2. Infection Control: Facility confirmed to have flu outbreak in community. Facility failed to notify Local Health Jurisdiction, and Complaint Resolution Unit of confirmed positive residents. Failed practice identified.

Conclusion / Action:

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Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 1428	Compliance Determination # 56108
Plan of Correction	SHARON CARE CENTER ASSISTED LIVING	Completion Date
Page 1 of 5	Licensee: SHARON CARE CENTER INC	03/11/2025

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 an unannounced on-site complaint investigation on 03/11/2025 of:

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

This document references the following complaint number(s): 166880, 168707

The following sample was selected for review during the unannounced on-site visit: 4 of 62 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
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.

Cory Cisneros
Residential Care Services

03/18/2025
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)

4-1-25
Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to report communicable diseases in accordance with the infection control requirements during an Influenza (flu) outbreak in the community for 1 of 1 outbreak reviewed. This failure placed all 62 of 62 residents at risk for spread of infectious disease.

Findings included...

WAC 246-101-305 Duties of the health care facility. "(1) Health care facilities shall: (a) Notify the local health department where the patient resides, or, in the event that patient residence cannot be determined, the local health department where the health care facility is located, regarding: (iv) Outbreaks or suspected outbreaks of disease that occur or are treated in the health care facility including, but not limited to, suspected or confirmed outbreaks of varicella, influenza, viral meningitis, health care-associated infection suspected due to contaminated products or devices, or environmentally related disease."

Review of a Dear Provide Letter titled "COVID-19, INFLUENZA, RSV (Respiratory Syncytial Virus), AND PNEUMOCOCCAL VACCINATION REMINDER," last reviewed on 10/16/2024, stated "Be familiar with the reporting and notification rules for your setting. Contact your local health jurisdiction whenever a resident/client tests positive for COVID-19 or flu, or if you see a sudden increase in acute respiratory illness (two or more

ill residents/clients within 72 hours) ... For infection control guidance, visit www.doh.wa.gov/Portals/1/Documents/5100/fluoutbrk-LTCF.pdf."

Review of the website listed in the Dear Provider Letter showed an information page from the Department of Health (DOH), titled "Influenza Outbreak in Long Term Care Facilities Frequently Asked Questions," last reviewed on 06/2023. Under the section titled, "What are the reporting requirements?" it stated, "Long term care facilities are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. LTCFs (Long Term Care Facilities) are required to report the following:
•A sudden increase in acute febrile respiratory illness over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
•One or more residents who tests positive for influenza."

Review of a facility provided Infection Control Policy for flu showed a print-out from the DOH website titled, "Recommendations for Prevention and Control of influenzas Outbreaks in Skilled Nursing and Assisted Living Facilities," last reviewed on "06/2023". Under the section "Reporting," stated, "Long term care facilities (LCTFs) are required to report all suspected and confirmed outbreaks to their local health jurisdiction (LHJ) per Washington Administrative Code (WAC) 246-101-305. LTCF's are required to report the following:
•A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR
•Any resident who tests positive for influenza."

Review of Department records showed a facility report made to the Department on 02/09/2025 which stated that Resident 1 (R1) experienced a fall that resulted in injury. The report showed R1 had been sent to the emergency room and was found to have a UTI (Urinary Tract Infection) and Influenza A on 02/08/2025. R1 was prescribed Tamiflu (a prescription medication used to treat the flu) and antibiotics.

Review of Department records showed a second facility report made to the Department on 02/06/2025 which stated that Resident 2 (R2) also experienced a fall that resulted in injury. In the report it stated, R2 fell in their bathroom, fractured their leg and tested positive for the FLU. The report showed R2 was likely weak from their [redacted] diagnoses and that caused the fall. There was one other resident in the building noted to have the Flu. R2 was to return to the facility and would be on quarantine.

Review of Department records showed no report made by the facility to report an Influenza outbreak in the community.

During an interview 03/10/2025 at 10:14AM, Collateral Contact 1 (CC1), LHJ staff, was asked if they were ever made aware of a possible flu outbreak at the facility. CC1 asked

if this involved the Skilled Nursing side of the facility, or the Assisted Living side. CC1 was informed that these were reported on the Assisted Living side of the community. CC1 stated that they did not recall ever being notified of a flu outbreak and stated, "Looks like this is something I am going to have to look into." CC1 was asked if the current notification requirements required the facility to notify them if there was even one confirmed positive resident. CC1 confirmed that this was the current requirements.

On 03/11/2025 at 09:58AM, signage was observed on the front door of the facility informing visitors that there was an Influenza outbreak in the building.

In an interview on 03/11/2025 at 10:01AM, Staff A, the Executive Director, was asked if there were any residents in the facility that were currently positive for the flu. Staff A was also asked about R1 and R2, the reports made by the facility to the Department, and if they were confirmed positive for the flu. Staff A stated, "We found out they had the flu when they were in the hospital. We were in outbreak in the skilled side [Skilled Nursing in a separate part of the building], then it reared its ugly head on our side [Assisted Living side of the facility]." Staff A stated that there were no residents who were currently symptomatic or confirmed positive for flu on the Assisted Living side of the community. Staff A was asked how many residents were positive during the flu outbreak. Staff A stated, "There were two at that time but there ended up being more. It was about a week and then another one popped up. It was staggered over about a 3-week period. We had about 6 residents that were positive." Staff A was asked if these 6 positive residents were ever reported to the LHJ. Staff A stated, "I did not make a report to the LHJ." Staff A stated that the Infection Control Nurse for the Skilled Nursing side of the facility handled the reporting. Staff A stated that the Infection Control Nurse was not under their management but stated that they often utilized their services. Staff A was asked if they had any communication with the LHJ, or if the LHJ sent the facility any resources or recommendations during the outbreak. Staff A then confirmed that there was no communication between the facility and the LHJ at all. Staff A then stated that they were not aware of the reporting requirements and were not aware that these positive flu cases needed to be reported to the Department and the LHJ. Staff A was asked to provide an Infection Control policy for flu for department review.

On 03/11/2025 at 10:42AM, Staff A provided the requested policy and stated, "I should have read this more closely."

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) 4-1-2025 .

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

Administrator (or Representative) — Date: 4-1-2025