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) 60362 (Completion Date 06/04/2025) and 51728 (Completion Date 01/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/04/2025 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-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210

The Department staff who did the on-site verification:
Anissa Bearden, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, Adult Family Home Nurse 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: 158302
Compliance Determination #: 51728
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 12/13/2024 through 01/08/2025
Complainant Contact Date(s):

Allegation(s):

Quality of Care/Treatment: Report of residents not receiving prescribed medications when needed.

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Residents
Record Reviews:	State reporting log Facility policies Care Plans Progress Notes medication administration records Staff List

Investigation Summary:

Facility failed to ensure a residents prescribed PRN medication was available when it was needed and facility failed to ensure another resident did not run out of their medication causing resident to miss a dose. Failed practice identified.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 12/13/2024 and 01/08/2025 of:

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

This document references the following complaint number(s): 158302

The following sample was selected for review during the unannounced on-site visit: 3 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN Complaint Investigator

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.

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) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure prescribed medications were available for 2 of 3 residents (Resident 1 [R1] and Resident 2 [R2]). This failure placed R1 and R2 at risk for medical complications and unmet care needs.

Findings included…

Record review of Department records showed that a report was submitted on 12/06/2024. The report stated on [redacted]/2024:

-R1 was feeling ill and needed their rescue inhaler and it was not available. R1 requested their nebulizer treatment and was told that it was not in the medication cart. R1 was transported to the hospital due to poor oxygen saturation where they stayed for two days until they were discharged to go back to the facility.

-R2's antibiotic were not available

<R1>

Review of R1's face sheet, dated 12/13/2024, showed R1 was admitted to the facility on [redacted]/2020. Listed on R1's "Diagnosis Information," showed, "[redacted]

[redacted] and "[redacted]." [redacted]

Record review of R1's negotiated service agreement, dated 01/15/2024, showed under "medications," the "goal" showed, "Will be supported to take all medications safely and as ordered." Under the section, "Interventions," showed, R1 "requires medication assistance. [R1] are able to self-direct care…Requires assistance with ordering meds…Resident uses inhaler(s)."

Record review of R1's Medication Administration Record (MAR), dated October 2024 and November 2024, showed:

-"ProAir HFA Inhalation Aerosol Solution 108 (90 base) MCG/ACT (Albuterol Sulfate) [a medication inhaled to help with breathing] 2 puff inhale orally every 4 hours as needed for Wheezing, Start Date 02/01/2023."
-"Ipratropium Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Ipratropium/Albuterol) [a medication inhaled to help with breathing] 3 milliliter inhale orally every 6 hours as needed for COPD, Start date 02/01/2023, D/C [discontinue] date 12/02/2024"

In an interview on 12/13/2024 at 10:31 AM, R1 was asked to explain what happened when they went to the hospital recently, they stated, they went to the hospital that day and was diagnosed with [redacted]. R1 stated the facility was to already have their rescue inhaler available on the medication cart. R1 stated that evening they had trouble breathing, were coughing and was not able to catch their breath. R1 stated they asked for their rescue inhaler and was told by the medication technician on shift, Staff D, that they didn't have it. R1 stated they asked for their nebulizer treatment and was told they didn't have the treatments either. R1 stated they were taken to the hospital where they stayed for a few days. R1 was asked if the facility handled ordering their medications, they stated yes. R1 was asked how that made them feel when the facility didn't have their medication, they stated, "it scared me."

Record review of the facility staff working schedule, dated November 2024, showed on [redacted]/2024, Staff D, Medication Technician, was on shift.

In an interview on 12/13/2024 at 1:40 PM, Staff D, was asked if they were aware of an incident regarding R1 needing to go to the hospital recently, they stated, R1 was coughing. Staff D stated they looked for their inhaler and couldn't find it. The coughing was severe so Staff D called 911 .

In an interview on 12/13/2024 at 1:56PM, Staff B, Director of Nursing, was asked, if the order was on the MAR (Medication Administration Order), should the medication have been on the medication cart for use, they stated, yes, I was aware that they tried to look for it and was not able to find it. Staff B was asked where R1's nebulizer was, they stated it was on the shelf in the medication room and should have been in the cart.

In an interview on 12/13/2024 at 2:52 PM, Staff B, stated they need to come up with a process, if the medication was on the MAR, we had a valid order for it and we should have had it in the cart.

In an interview on 12/18/2024 at 2:56 PM, Staff A, Executive Director, stated that they don't have a policy on reordering medications. They stated they were told they don't need a policy but they do need to have a process in place. Staff A was asked what the process was for reordering PRN (as needed) medications, they stated they didn't have one but moving forward they will.

<R2>

Review of R2's face sheet, dated 12/13/2024, showed that R2 was admitted to the facility on [redacted]/2020. Listed on R2's "Diagnosis Information," showed, "[redacted]" [redacted]

Record review of R2's negotiated service agreement, dated 01/11/2024, showed under "medications," the "goal" showed, "Will be supported to take all medications safely and as ordered." Under the section, "Interventions," showed, R2 required medication assistance related to cognitive changes related to history of TBI (Traumatic Brain Injury).

Record review of R2's MAR, dated November 2024, showed, "Doxycycline Monohydrate [an antibiotic] Oral Tablet 100MG (Doxycycline Monohydrate) Give 1 capsule by mouth one time a day for folliculitis. Start date 06/13/2024." On 11/14/2024, the number "9" was listed in the box. On the MAR, the number "9" meant "other/see progress notes."

Record review of R2's progress notes, dated 11/01/2024 through 12/13/2024 showed:

-11/06/2024: the pharmacy was called to order R2's doxycycline. The pharmacy stated the resident was out of refills. A fax was sent to R2's PCP (primary care provider).

-11/14/2024: showed Doxycycline was unavailable

-11/14/2024: Pharmacy was called regarding R2's Doxycycline. R2 currently out of this medication. Pharmacy stated that they have sent faxes to PCP requesting refills. "Facility staff called PCP regarding staff and pharmacy reaching out to refill with no response from PCP."

-11/14/2024: Dermatology office contacted for refill of doxycycline.

-11/15/2024: Doxycycline medication arrived to the facility.

In an interview on 12/13/2024 at 10:31 AM, R2 was asked if they have had a situation regarding ordering of medications, they stated, they were concerned about the ordering of their medications. R2 stated they ran out of their Doxycycline, which was a scheduled medication, last month. R2 stated the facility failed to order it. R2 stated the facility was not notifying the doctor that prescribed the medication when they needed a refill, they were faxing the PCP. R2 stated they don't order the medication in a timely manner. R2 was asked how that makes them feel, they stated, "its like they don't care."

In an interview on 12/13/2024 at 1:56 PM, Staff B, was asked what the process was to ensure PRN medications were available on the cart, they stated, the RCC's (Resident Care Coordinator) pull medications if they were expired, destroy the medication and then reorder it. Staff B stated if they need a new order, they will contact the provider directly, sometimes, they contact the wrong provider.

In an interview on 12/27/2024 at 2:30 PM, Staff C, Resident Care Coordinator, was asked why R2 missed their dose of Doxycycline on 11/14/2024, they stated it was unavailable. Staff C was asked when the fax was sent to the doctor for a refill, they stated on 11/06/2024 and 11/14/2024 the PCP was faxed. Staff C was asked who the fax should have been sent to, they stated, the dermatology office. Staff C was asked if the fax was sent to the wrong office, Staff C stated, yes, they can't say for sure though, they would have to look for the outgoing fax.

In an interview on 12/27/2024 at 3:06PM, Staff C, stated they can't locate the fax to the PCP but they can see from the progress notes that the wrong doctor was contacted regarding R2's doxycycline refill.

This was a previous consultation on 03/23/2022 for subsection 2(a).

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