

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/01/2025
NAME OF PROVIDER OR SUPPLIER Sharon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 Harrison Avenue Centralia, WA 98531	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to provide toileting assistance to 2 of 5 sampled residents (Resident 1 and Resident 2) reviewed for Activities of Daily Living (ADL) care. This failure placed residents at risk of skin infections, low dignity, and a diminished quality of life. Findings included.1) Resident 1 admitted to the facility on [DATE]. The admission Minimum Data Set (MDS), an assessment tool, dated 10/07/2025, documented the resident required assistance with toileting and was moderately cognitively impaired. Record Review of Resident 1's facility investigation, dated 10/15/2025, documented, On the morning of 10/15/2025, two CNA's [Certified Nursing Assistants] entered resident room to adjust her bedding in order to pull her up. Upon rolling resident, dried BM [Bowel Movement] was found on the sheets, on her buttocks and brief was stuck to her. The assumption was that she was not checked and changed during the night. In an interview on 11/18/2025 at 10:17 AM, Staff D, CNA, said Resident 1 was dependent on staff for toileting assistance. Staff D said Resident 1 was on a check and change schedule, meaning staff were to check Resident 1's brief every two hours and change if necessary. Staff D said on 10/15/2025 she came in to work at 6:00 AM and relieved Staff C, CNA, who worked the night shift. Staff D said she went into Resident 1's room and found her positioned low in her bed. Staff D requested another CNA to assist her pulling up the resident. Staff D said when she pulled the sheets down she noticed dry BM around Resident 1's bottom area. Staff D said she changed Resident 1's brief and had to scrub the dried BM off Resident 1. Staff D said after changing Resident 1's brief she reported the issue to her nurse. In an interview on 11/18/2025 at 10:39 AM, Staff B, Director of Nursing/Registered Nurse, said the expectation for residents on a check and change schedule was for staff to check the resident every two hours and change their brief if necessary. 2) Resident 2 admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], documented the resident was frequently incontinent of bladder, required assistance with toileting, and was moderately cognitively impaired. Record review of Resident 2's ADL care plan, dated 02/06/2023, documented, maximum to totally dependent on staff for B/B [bowel and bladder] incontinence care. Record review of Resident 2's facility investigation, dated 10/15/2025, documented, On the morning of 10/15/2025 around 8:30 AM it was reported that [Resident 2] had a grievance for something that happened on the night of 10/10/2025. [Resident 2] stated that CNA did not change her brief during the night. [Resident 2] said that this caregiver would come to her room but did not wake her up for a brief change, and the morning caregivers had to make a complete bed change because [Resident 2] was found with a saturated brief, incontinent pad, and top blanket. Upon interview, [Resident 2] acknowledged she was not changed throughout the night. Day shift staff confirmed the condition and documented the resident's statement. In an interview on 11/12/2025 at 10:19 AM, Resident 2 said she required two-person assistance with toileting, and it was hard to get two staff members to assist her. When asked about the 10/10/2025 incident, Resident 2 said she did have trouble getting toileting assistance and did wake up very wet with urine. In an interview on 11/18/2025 at 10:06 AM, Staff E, Residential Care Manager/Registered Nurse, said Resident 2 required maximum assistance with toileting. Staff E said staff were expected to check and change Resident 2 every two hours. Staff E said a staff member reported to her concerned that Resident 2 was very wet from urine. Staff E said she started an investigation and questioned Resident 2 about the issue, who told her Staff C sometimes did not change her during the night. In an interview on 11/18/2025 at 10:27 AM, Staff F, CNA, said Resident 2 was to be checked and changed during the night every two hours. Staff F said aides can reference a resident's care plan if they were unaware of a residents level of assistance. Staff F said her and another CNA had gone into Resident 2's room to pull her up for breakfast. Staff F said she noticed the incontinence pad under the resident was soaked with urine. Staff F said Resident 2 told her no one had been in her room to change her last night. Staff F said she changed the resident, changed her incontinence pad, and reported the issue to her nurse. In an interview on 11/18/2025 at 10:39 AM, Staff B said during the facility investigation, Resident 2 told him she was checked but not changed. Staff B said Residents should be checked and changed every two hours. Reference WAC 388-97 -1060(1)-(3).</p>		