



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505429	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/08/2014
NAME OF PROVIDER OR SUPPLIER <b>SHARON CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 HARRISON AVENUE CENTRALIA, WA 98531</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION DATE
K 144	<p>Continued From page 1 accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 7/8/2014 between approximately 0900 and 1200 hours the facility has failed to have the emergency generator meet the requirements of the Life Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: During the tour of the facility the Maintenance Director removed the panels on the generator enclosure. There was no remote stop located at or on the generator.</p> <p>NFPA 110 1999 Edition 3-5.5.6 All Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>A-3-5.5.6 For Level 1 and Level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified.</p> <p>The above was discussed and acknowledged by</p>	K 144	

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K 144	Continued From page 2 the Maintenance Director.	K 144		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>505429</b>	DATE SURVEY COMPLETE: <b>07/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>SHARON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1509 HARRISON AVENUE CENTRALIA, WA. 98531</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>K 012</b>	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This Standard is not met as evidenced by:                  Surveyor: 29197                  Based upon observations and staff interviews on 7/8/2014 between approximately 0900 and 1200 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:                  The laundry room was observed to have penetrations in the ceiling that were unprotected. Fixed while surveyor was on site.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>
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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.

The above isolated deficiencies pose no actual harm to the residents