

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505361	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2012	
NAME OF PROVIDER OR SUPPLIER AMERICANA HEALTH & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 917 7TH AVENUE LONGVIEW, WA 98632		
(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 000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was conducted at Americana Health and Rehabilitation Center, control number 12-04-13079, by Deputy State Fire Marshal Dan J. Young on September 4, 2012. The existing section of the 2000 Life Safety Code was used in accordance with 42CFR483.70. This is a one story facility of type 5 1-1-1 construction with a complete automatic sprinkler system and a corridor smoke detection system interconnected to the fire alarm system. The survey was conducted to determine if K38 was corrected. The facility has constructed a ramp to the public way. No citations were written as a result of this survey and the facility is back in compliance.</p>  <p>Dan J. Young Deputy State Fire Marshal</p>	K 000		

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

TITLE

(X6) DATE

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.