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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	505361		03/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICANA HEALTH & REHAB CTR	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	INITIAL COMMENTS Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Americana Health and Rehab Center on 3/20/14 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams. Americana has a total of 74 beds and at the time of this survey the census was 49. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5 (1,1,1) construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. Dan Young Deputy State Fire Marshal	K 000	K 012 Unapproved foam used in wall and ceiling penetrations. 1. **How the Nursing home will correct the deficiency.** The unapproved foam will be removed from the penetrations in the kitchen office walls and ceiling and replaced with an approved sealer. 2. **How will the Nursing Home act to protect residents in similar situations.** The maintenance director will identify and correct any similar issues 3. **Measures the Nursing Home will take or the systems it will alter to ensure that the problem does not recur.** Any further penetrations will be sealed with approved sealer; the Maintenance Director will bring any concerns to the CQI committee.	4/16/14
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Executive Director	3/31/14

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.

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K 012	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 3/20/14 between approximately 1000 and 1300 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. The findings include, but are not limited to: An unapproved foam was used to seal penetrations in the walls and ceiling in the kitchen office. The foam used is only listed for use in residential structures, The above was discussed and acknowledged by the Maintenance Director.	K 012	4. **How will the plan be monitored to assure the solutions are sustained?** The maintenance director will be responsible for the implementation and maintenance of this correction and will report concerns to the monthly CQI meeting. K 022 Exit doors not marked with 15 second delay signs. 1. **How the Nursing home will correct the deficiency.** Signs will be placed on all exit doors stating in 1 inch tall letters "PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS".	
K 022 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This Standard is not met as evidenced by:	K 022	2. **How will the Nursing Home act to protect residents in similar situations.** All residents will be protected with the above correction	

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K 022	Continued From page 2 Surveyor: 29197 Based upon observations and staff interviews on 3/20/14 between approximately 1000 and 1300 hours the facility has failed to properly maintain signage on delayed egress doors. Failure to have proper signs on the exits could potentially endanger the residents, staff and/or visitors trying to exit the facility. The findings include, but are not limited to: The exit doors are on a 15 second delay. The exits do not have the required delayed egress signs per NFPA 101 (2000) edition 7.2.1.6.1. Sign must state PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. Letters must be min 1" high. The above was discussed and acknowledged by the Maintenance Director.	K 022	**3. Measures the Nursing Home will take or the systems it will alter to ensure that the problem does not recur.** Maintenance Director will verify signs are in place on all exit doors during his monthly environmental QA audit and report any concerns to the CQI committee. **4. How will the plan be monitored to assure the solutions are sustained?** The maintenance director will be responsible for the implementation and maintenance of this. correction and will report concerns to the monthly CQI meeting.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on	K 076	K ~~022~~ 076 Improper storage of medical gases. **1 How the Nursing home will correct the deficiency.** All oxygen cylinders will be secured in the oxygen storage closet.	

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K 076	Continued From page 3 3/20/14 between approximately 1000 and 1300 hours the facility has failed to properly maintain the storage of medical gas in the facility. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Oxygen cylinders were observed to be unsecured in the oxygen storage closet next to physical therapy. The above was discussed and acknowledged by the Maintenance Director.	K 076	2 **How will the Nursing Home act to protect residents in similar situations.** All residents will be protected with the above correction 3 **Measures the Nursing Home will take or the systems it will alter to ensure that the problem does not recur.** ED and DNS will incorporate QA auditing of the oxygen closet in their daily rounds. Any issues or concerns will be addressed by the CQI committee. 4 **How will the plan be monitored to assure the solutions are sustained?** The Executive Director will be responsible for the implementation and maintenance of this correction and will report concerns to the monthly CQI meeting.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 3/20/14 between approximately 1000 and 1300 hours the facility has failed to restrict the use of multi-plug outlets to providing power to permitted electrical equipment and maintaining the electrical system. This could result in a fire from overheating of the multi-plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. A freezer was observed to be plugged into a power strip in the kitchen pantry. 2. An unapproved multi-plug device was observed to be in use in the Executive Directors office.	K 147		

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K 147	Continued From page 4 3. Exposed wires were observed in the maintenance room where the light and call system were removed. The above was discussed and acknowledged by the Maintenance Director.	K 147	K 147 Multi plug outlets in use in the facility. 1 **How the Nursing home will correct the deficiency.** Multi-plug outlets will be replaced with approved circuit breaker outlets. Exposed wiring will be properly capped and covered. 2 **How will the Nursing Home act to protect residents in similar situations.** All residents will be protected with the above correction 3 **Measures the Nursing Home will take or the systems it will alter to ensure that the problem does not recur.** The maintenance director will incorporate checking outlets and electrical boxes during his monthly QA audits.	
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 3/20/14 between approximately 1000 and 1300 hours the facility has failed to have a written procedure for instituting as approved fire watch in the event of a failure of the fire sprinkler system. This could result in an inadequate fire watch which may result in a delay of fire detection and suppression, endangering residents, staff and/or visitors within the facility. The findings include, but are not limited to: The policy on fire watch located at the nurses station next to the Executive Directors office was observed to use the word temporary instead of 4 hours in a 24 hour period. The above was discussed and acknowledged by the Maintenance Director.	K 154		

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K 155 K 155 SS=F	Continued From page 5 NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 3/20/14 between approximately 1000 and 1300 hours the facility has failed to have a written procedure for instituting as approved fire watch in the event of a failure of the fire alarm system. This could result in an inadequate fire watch which may result in a delay of fire detection and suppression, potentially endangering residents, staff and/or visitors within the facility. The findings include, but are not limited to: The policy on fire watch located at the nurses station next to the Executive Directors office was observed to use the word temporary instead of 4 hours in a 24 hour period. The above was discussed and acknowledged by the Maintenance Director.	K 155 K 155	4 **How will the plan be monitored to assure the solutions are sustained?** The maintenance director will be responsible for the implementation and maintenance of this. correction and will report concerns to the monthly CQI meeting. K 154 Fire watch policy worded temporary failure instead of specifying out of service for 4 hours in a 24 hour period. 1. **How the Nursing home will correct the deficiency.** The fire watch policy will be corrected from stating "temporary" to 4 hours in a 24 hour period" 2 **How will the Nursing Home act to protect residents in similar situations.** All residents will be protected with the above correction	

154/155 [illegible]

K ~~155~~ Fire watch policy worded temporary failure instead of specifying out of service for 4 hours in a 24 hour period.

1. **How the Nursing home will correct the deficiency.**
   The fire watch policy will be corrected from stating "temporary" to 4 hours in a 24 hour period"
2. **How will the Nursing Home act to protect residents in similar situations.**
   All residents will be protected with the above correction
3. **Measures the Nursing Home will take or the systems it will alter to ensure that the problem does not recur.**
   The verbage will be corrected in the fire watch policy and all staff will be in-serviced to the correct procedure to follow in the event of the failure of the automatic sprinkler system.
4. **How will the plan be monitored to assure the solutions are sustained?**
   The maintenance director will be responsible for the implementation and maintenance of this. correction and will in-service new employees and random quizzing of current employees. He will report any concerns to the monthly CQI meeting.