DEPARTMENT OF HEALTH AND HUM/ SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	505361		02/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICANA HEALTH & REHAB CTR	917 7TH AVENUE LONGVIEW, WA 98632

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F 000	INITIAL COMMENTS	F 000		
	This report is the result of an unannounced Quality Indicator Survey conducted at Americana Health and Rehabilitation Center on 02/19/13, 02/20/13, 02/21/13 and 02/22/13. A sample of 26 residents was selected from a census of 53. The sample included 25 current residents and the record of 1 former and/or discharged resident.			
	The survey was conducted by: Sonya Conway, MSW Teri Baughman, RN, BSN Suzie Wilson, RN, BSN			3/22/13
	The survey team is from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 3, Unit D 6639 Capitol Boulevard SW P.O. Box 45819 Tumwater, Washington 98504-5819 Telephone: 360.664.8429 Fax: 360.664.8451		RECEIVED MAR 13 2013 DSHS/ADSA/RCS	
	Residential Care Services 2/28/13 Date			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 3/18/13

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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F 156 SS=C	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes:	F 156		3/22/13

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F 156	Continued From page 2 A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's	F 156		3/22/13

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F 156	Continued From page 3 policies to implement advance directives and applicable State law. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to display written information about how to apply for and use Medicare and Medicaid benefits. This failure placed residents and families at potential risk for not being able to access information related to their Medicare and Medicaid benefits. Findings include: On 2/19/13 at 11:00 a.m., the Medicare/Medicaid signage was posted in a framed area approximately 4 feet off the ground. The notification was written in a small font. A medication cart was observed to be parked in front of the notification on 2/20/13, 2/21/13, and 2/22/13 during various times of the day. On 2/22/13 at 1:00 p.m., the Administrator (AD)	F 156	***F-156*** ***1. How corrective action accomplished for the identified residents?*** Written information about how to apply and use Medicaid and Medicare benefits is displayed prominently so it may be easily read. ***2. How you will identify other residents with the potential of being affected by the same practice?*** No residents were identified as being affected by this practice. ***3. Address what measures will be put in place to ensure deficient practice will not recur.*** The ED will validate that required postings are displayed prominently during routine rounds.	3/22/13

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F 156	Continued From page 4 was asked if residents or family members would be able to read the sign written in a small font or when the medication cart was parked in front of it. The AD stated, "I suppose it could be a problem."	F 156	***4. How will the plan be monitored to ensure the solutions are sustained?*** The Executive Director will be responsible for the implementaion and maintenance of this correction and will report concerns to the monthly CQI committee.	
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can	F 431	***F-431*** ***1. How corrective action accomplished for the identified residents?*** Medications are stored in accordance with acceptable standards and labeled appropriately when opened. ***2. How you will identify other residents with the potential of being affected by the same practice?*** Any resident had the potential of being affected by this practice.	3/22/13

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F 431	Continued From page 5 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to store medications in accordance with acceptable standards in 4 of 6 medication storage areas. This failure placed residents at risk for receiving expired medications, compromising the effectiveness of the medications. Findings include: On 2/22/13 between 11:00 a.m. and 11:30 a.m., the medication storage areas of the facility were inspected with the Director of Nursing Services (DNS). The following observations were made: one bottle of Tubersol (used for tuberculosis testing) was observed to be opened and unlabeled in the Oceanside refrigerator; one bottle of Tubersol was observed to be opened and unlabeled in the Lakeside refrigerator; one bottle of liquid iron was observed to be opened and unlabeled in the Lakeside medication cart; one bottle of Tylenol, two bottles of oyster shell calcium, one bottle of vitamin C, one bottle of vitamin D, one bottle of Biotin, one bottle of fish oil capsules, one bottle of Gas Ban, and one bottle of Maalox were observed to be opened and	F 431	**3. *Address what measures will be put in place to ensure deficient practice will not recur*** Licensed Nurses will be in-serviced on the requirement to check expiration dates and remove expired medications immediately, as well as to label medications with the date they are opened. The DNS or designee will audit nursing carts and medication storage areas routinely to validate that accepted standards for medication storage are being followed. **4. *How will the plan be monitored to ensure the solutions are sustained?*** The DNS will be responsible for the implementation and maintenance of this correction and will report concerns to the monthly CQI committee.	3/22/13

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F 431	Continued From page 6 unlabeled in the Oceanside medication cart. These findings were confirmed by the DNS, who stated the facility policy was to label all medications with the date they were opened. .	F 431		