

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/04/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Americana Health & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 917 7th Avenue Longview, WA 98632	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40916</p> <p>Based on interview and record review, the facility failed to ensure bathing opportunities were provided for dependent residents for 1 of 2 sampled residents (145) reviewed for activities of daily living (ADLs). This failure placed residents at risk of skin infections, decreased dignity, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 145 was admitted to the facility on [DATE]. The admission Minimum Data Set, an assessment tool, dated 01/05/2024, documented the resident was moderately cognitively impaired.</p> <p>Resident 145's shower record, dated 12/30/2023 to 01/09/2024, did not show bathing opportunities were completed in 11 days. The bathing record documented a resident refusal on 12/30/2023, the day of Resident 145's admission to the facility.</p> <p>On 01/08/2024 at 12:30 PM, Resident 145 said he had not had a shower or bath since admitting to the facility. Resident 145 said he used personal wipes to clean himself as needed.</p> <p>On 01/09/2024 at 1:08 PM, Staff D, Certified Nursing Assistant (CNA), said shower aides would shower residents for the day, and CNAs would assist the shower aides as necessary. Staff D said residents would be showered once or twice a week. Staff D said if a resident refused a shower, staff should ask again two or three times then document the refusal in the resident's record as well as inform the nurse of the refusal.</p> <p>At 1:16 PM, after reviewing the facility shower book for Resident 145, Staff D said Resident 145 was scheduled for showers twice a week on Mondays and Thursdays.</p> <p>At 1:19 PM, Staff C, Licensed Practical Nurse, said shower aides were responsible for showering the residents in the facility. Staff C said if a resident refused a shower, she would expect the CNA to re-approach the resident. If the CNA was unsuccessful, the CNA should inform the nurse, and the nurse should write a progress note about the refusal and the education provided to the resident. After reviewing Resident 145's record, Staff C said she did not see a progress note related to refusing a shower. After reviewing Resident 145's shower record, Staff C said the resident had a refusal documented on 12/30/2023 and no other refusals or completed showers were documented.</p> <p>(continued on next page)</p>		

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/04/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Americana Health & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 917 7th Avenue Longview, WA 98632	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>At 1:29 PM, Staff B, Director of Nursing Services and Registered Nurse, said the facility used shower aides to complete resident showers in the facility. Staff B said Resident 145's shower days were Mondays and Thursdays. Staff B said if a resident refused a shower, she would expect staff to re-approach the resident and if the resident refused a second time, the CNA was expected to inform their nurse and the nurse would attempt to educate the resident. If the resident refused again, the nurse was expected to document the resident's refusal in the resident's progress notes. Staff B said she did see an entry for a refusal on 12/30/2023, but did not see any other entries. Staff B said she would expect to see showers documented or a documented refusal notes written by the nurse.</p> <p>Reference WAC 388-97-1060 (2)(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Americana Health & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 917 7th Avenue Longview, WA 98632	
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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 37934 Based on interview and record review, the facility failed to ensure performance reviews were completed for 1 of 2 sampled nursing assistants (NA) (Staff E) reviewed for performance reviews. This failure placed residents at risk for receiving care from unskilled staff. Finding included . Staff E, Nursing Assistant, was hired on 08/04/2017. Staff E's personnel records did not have a Performance Evaluation for the previous year. On 01/10/2024 at 6:57 PM, Staff B, Director of Nursing Services and Registered Nurse, said performance evaluations were supposed to be completed annually. When asked about Staff E's performance evaluations, Staff B stated, We missed it. Reference WAC 388-97-1680 (2)(b)(I)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Americana Health & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 917 7th Avenue Longview, WA 98632	
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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Post nurse staffing information every day.</p> <p>37934</p> <p>Based on interview and record review, the facility failed to ensure nursing hours were accurately posted daily for 12 of 30 days reviewed for nurse staff posting. This failure placed residents, resident representatives, and visitors at risk of not being fully informed of the current staffing levels and census.</p> <p>Findings included .</p> <p>The nursing home daily staff postings had not been updated for 12 days, from 12/09/2023 through 01/08/2024, to accurately reflect the number of nursing assistants working per shift.</p> <p>On 01/11/2024 at 9:15 AM, Staff F, Staff Coordinator, said the floor nurse should adjust the staff numbers if the posting were not accurate at the start of a shift.</p> <p>At 10:06 AM, Staff B, Director of Nursing Services and Registered Nurse, said the shift nurses were supposed to update the postings to reflect the staffing level.</p> <p>No WAC Reference</p>		