



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
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TAMARA PRISOCK—ADMINISTRATOR
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
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June 26, 2016

Jeremy Tolman, Administrator
Life Care Center Of Post Falls
460 North Garden Plaza Court
Post Falls, ID 83854-6437

Provider #: 135135

Dear Mr. Tolman:

On **May 27, 2016**, a survey was conducted at Life Care Center Of Post Falls by the Idaho Department of Health and Welfare, Division of Licensing and Certification, Bureau of Facility Standards to determine if your facility was in compliance with state licensure and federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and/or Medicaid program participation requirements. **This survey found the most serious deficiency to be an isolated deficiency that constitutes actual harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.**

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567 listing Medicare and/or Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. **NOTE:** The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct." **Please provide ONLY ONE completion date for each federal and state tag (if applicable) in column (X5) Completion Date** to signify when you allege that each tag will be back in compliance. Waiver renewals may be requested on the Plan of Correction.

After each deficiency has been answered and dated, the administrator should sign the Form CMS-2567 and State Form (if applicable), Statement of Deficiencies and Plan of Correction in the spaces provided and return the original(s) to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **July 6, 2016**. Failure to submit an acceptable PoC by **July 6, 2016**, may result in the imposition of penalties by **July 31, 2016**.

The components of a Plan of Correction as required by CMS must:

- Address what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- Address how you will identify other residents who have the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- Address what measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;
- Indicate how the facility plans to monitor performance to ensure the corrective action(s) are effective and compliance is sustained; and
- Include dates when corrective action will be completed in column (X5).

If the facility has not been given an opportunity to correct, the facility must determine the date compliance will be achieved. If CMS has issued a letter giving notice of intent to implement a denial of payment for new Medicare/Medicaid admissions, consider the effective date of the remedy when determining your target date for achieving compliance.

- The administrator must sign and date the first page of the federal survey report, Form CMS-2567 and the state licensure survey report, State Form (if applicable).

All references to federal regulatory requirements contained in this letter are found in *Title 42, Code of Federal Regulations*.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **August 25, 2016 (Opportunity to Correct)**. Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **August 25, 2016**. A change in the seriousness of the deficiencies on **July 11, 2016**, may result in a

Bryan Lindsay, Administrator
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change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **August 25, 2016** includes the following:

Denial of payment for new admissions effective **August 25, 2016**. [42 CFR §488.417(a)]

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying non-compliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **November 23, 2016**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, CMS will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, option 2; fax number: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **August 25, 2016** and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

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<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

go to the middle of the page to **Information Letters** section and click on **State** and select the following:

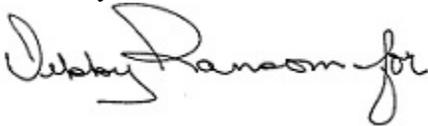
- BFS Letters (06/30/11)

[2001-10 Long Term Care Informal Dispute Resolution Process](#)
[2001-10 IDR Request Form](#)

This request must be received by **July 6, 2016**. If your request for informal dispute resolution is received after **July 6, 2016**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, option 2.

Sincerely,

A handwritten signature in black ink that reads "David Scott for". The signature is written in a cursive style.

David Scott, RN, Supervisor
Long Term Care

ds/dr
Enclosures

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

PRINTED: 10/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/27/2016
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF POST FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 460 NORTH GARDEN PLAZA COURT POST FALLS, ID 83854		
(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	
F 000	INITIAL COMMENTS The following deficiencies were cited during the complaint survey conducted at the facility from May 26, 2016 to May 27, 2016. The surveyors conducting the survey were: Brad Perry, BSW, LSW, Team Coordinator Beverly Briggs, RN Survey Definitions: CNA = Certified Nurse Aide DON = Director of Nursing E-Kit = Emergency Kit IM = Intramuscular LN = Licensed Nurse MAR = Medication Administration Record mg = Milligrams PO = By Mouth PRN = As Needed RCM = Resident Care Manager SL = Sublingual (under tongue) Stat = Immediately	F 000			
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review, review of the facility's hospice agreement, and staff interview, it was	F 309	This Plan of Correction is prepared and submitted as required by law. By	7/16/16	

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

TITLE

(X6) DATE

Electronically Signed

07/06/2016

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 309	<p>Continued From page 1</p> <p>determined the facility failed to ensure a resident did not experience a delay of treatment and received coordinated care between the facility and a hospice provider. This was true for 1 of 4 (#4) residents reviewed for hospice care. This failure harmed the resident when a lack of coordination between the facility and a hospice agency resulted in a delay of treatment, the resident experienced status epilepticus, and a physician-ordered PRN seizure medication was not given as ordered. Findings include:</p> <p>The facility's Hospice Agreement, dated 10/16/09, documented:</p> <p>* "Initial Plan of Care - Hospice shall furnish Facility with a copy of the Hospice Plan of Care within 24 hours of: 1) its completion or 2) Hospice Patient's admission to Facility, whichever is later."</p> <p>* "Coordination - The Hospice Plan of Care must identify the care and services that are needed and specify which provider is responsible for performing the respective functions that [are] contained therein."</p> <p>Resident #4 was readmitted to the facility on 2/10/16 with multiple diagnoses, including malignant neoplasm of frontal lobe (brain cancer), convulsions, and epilepsy with hospice services in place.</p> <p>Resident #4's 2/10/16 discharge summary from a local inpatient hospice facility documented prescriptions were to be obtained by the hospice agency and delivered to the nursing facility.</p>	F 309	<p>submitting this Plan of Correction, Life Care Center of Post Falls does not admit that the deficiencies listed on the CMS Form 2567 exist, nor does the Facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Facility reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.</p> <ol style="list-style-type: none"> 1. Resident #4 no longer resides in the facility 2. Residents receiving Hospice services had their care plan and hospice care plan reviewed for accuracy and delineation of care between Hospice and Facility. Care plans and orders were updated as needed. Residents receiving PRN medication were reviewed to ensure availability of medication in facility. 3. Facility met with all Hospice providers to ensure that care being provided was updated and accurately reflected on chart and care plans. Licensed nurses were educated on the admission process for Hospice residents, the documents necessary upon admit, delineation of care, the process of ensuring ordered medications are available in facility, and delay of treatment and appropriate notification and process. 4. Hospice admissions will be audited at time of admission for complete documentation, care plan and delineation 		

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F 309	<p>Continued From page 2</p> <p>Physician's orders, dated 2/10/16, and the February 2016 MAR documented Resident #4 was to receive levetiracetam twice a day for convulsions, Phenobarbital suppository PRN for seizures lasting 5 minutes or longer, and 1mg lorazepam (Ativan) tablet for anxiety.</p> <p>Resident #4's temporary care plan documented the resident had end stage brain cancer and received hospice services related to the cancer.</p> <p>Resident #4's clinical record did not contain a hospice plan of care or delineation of duties and services.</p> <p>Resident #4's 2/11/16 Hospice Visit Note documented, "Please fax any new orders...so we can keep our MAR/chart current."</p> <p>Resident #4's 2/16/16 physician's orders documented a Stat order for 2 mg IM Ativan, followed by a second dose of Ativan 2 mg IM injection for status epilepticus.</p> <p>Resident #4's 2/16/16 Nursing Notes documented:</p> <p>* 9:45 am - "CNA called this nurse to room. Resident noted to be having seizure like activity. Resident un-responsive to verbal/tactile stimulation. Resident was rolled onto left side and staff stayed with resident to monitor. Nurse notified [hospice provider] of seizure like activity and PRN Ativan 1 mg SL given at this time...Resident resting comfortably at this time..."</p> <p>* 10:00 am - "Nurse made round to check on resident and noted resident to be having seizure</p>	F 309	<p>of care.</p> <p>Hospice residents will audited weekly x 4 weeks and then monthly x 3 for complete documentation, care plan and delineation of care.</p> <p>Random weekly audits of PRN medications will be conducted to ensure appropriate availability of medications weekly x 4 weeks and monthly x 3 months.</p> <p>Random audits of resident documentation and medication administration will be conducted weekly x 4 and monthly x 3 to monitor for any delay in treatment. Findings will be reviewed by the Director of Nursing and forwarded to the PI Committee monthly to identify trends and/or further education needs.</p>		

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F 309	<p>Continued From page 3</p> <p>like activity. Resident rolled onto side and staff stayed to monitor. Nurse notified hospice of again of [sic] seizure activity, hospice nurse stated that she would make round and bring Phenobarbital suppositories."</p> <p>*10:15 am - "Resident continues to have seizure like activity. Staff at bedside to monitor. Resident rolled onto left side to prevent aspiration."</p> <p>* 10:30 am - "[Physician] notified of resident's seizure activity and need for IM Ativan...Medication was pulled out of E-Kit and administered. Hospice nurse here and Phenobarbital suppository administered..."</p> <p>*11:00 am - Resident #4 was transported to a local hospice facility.</p> <p>On 5/27/16 at 11:00 am, LN #1 reviewed her progress note and said Resident #4 had an initial seizure at 9:45 am on 2/16/16 and after a few minutes the seizure stopped. She said at 10:00 am the seizures returned and continued until the hospice nurse arrived to administer the Phenobarbital suppository at approximately 10:30 am. She said during this time RCM #1 left to look for the Phenobarbital suppository while LN #1 stayed with Resident #4. RCM #1 told LN #1 the medication could not be found in the facility or the E-Kit and the physician ordered Stat IM Ativan for the seizures.</p> <p>On 5/27/16 at 11:45 am, the DON said she could not find Resident #4's care plan or delineation of duties in the clinical record, which would have indicated what care and treatment the facility and the hospice provided. She said although there</p>	F 309			

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F 309	Continued From page 4 was no delineation of duties in the chart, the hospice agency was responsible for providing Resident #4's medication and should have provided the facility with the Phenobarbital suppository. She said Resident #4 experienced a delay in treatment for up to 45 minutes and was in status epilepticus due to not receiving the suppository after 5 minutes of seizure activity as the order indicated. She said the facility attempted to treat Resident #4 with the Stat IM Ativan after discovering the suppository was unavailable. On 5/27/16 at 2:00 pm, with the DON present, RCM #1 said that on 2/16/16, after Resident #4 began to experience seizures, the physician instructed her to administer the Phenobarbital suppository and after not finding the suppository in the facility or in the hospice E-Kit, the physician ordered the Stat IM Ativan. She said once the suppository was not found and the hospice nurse was notified, the hospice nurse was at the facility within 20 minutes with the suppository. She said the facility should have checked the hospice E-Kit when Resident #4 was admitted to make sure the suppository was included.	F 309			
F 425 SS=G	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services	F 425		7/16/16	

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F 425	<p>Continued From page 5 (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure medications were available for 1 of 4 (#4) residents reviewed for hospice care. This failure harmed Resident #4 when a Phenobarbital suppository was not available and was not administered as ordered when the resident experienced status epilepticus. Findings included:</p> <p>Resident #4 was readmitted to the facility on 2/10/16 with multiple diagnoses, including malignant neoplasm of frontal lobe (brain cancer), convulsions, and epilepsy with hospice services in place.</p> <p>Resident #4's 2/10/16 discharge summary from a local inpatient hospice facility documented prescriptions were to be obtained by the hospice agency and delivered to the nursing facility.</p> <p>Resident #4's 2/10/16 physician's orders and February 2016 MAR documented Resident #4</p>	F 425	<ol style="list-style-type: none"> 1. Resident #4 no longer resides in the facility 2. Residents receiving routine, emergency and biological drugs will be reviewed for accuracy during monthly recaps. 3. Inservice conducted with Hospice agencies to ensure proper medication delivery. Inservices conducted with licensed nurses in regards to ensuring ordered medications from Hospices are delivered and accounted for. Random audits will be conducted by DON or designee of residents receiving routine, emergency and biological drugs 3 times weekly for 8 weeks then monthly at end of month recaps. 4. Results of audits will be reviewed monthly at QAPI meeting. 		

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F 425	<p>Continued From page 6</p> <p>was to receive Phenobarbital suppository PRN for seizures lasting 5 minutes or longer for convulsions.</p> <p>Resident #4's 2/16/16 Nursing Notes documented:</p> <p>* 9:45 am - "CNA called this nurse to room. Resident noted to be having seizure like activity. Resident unresponsive to verbal/tactile stimulation. Resident was rolled onto left side and staff stayed with resident to monitor. Nurse notified [Hospice Provider] of seizure like activity and PRN Ativan 1 mg SL given at this time...Resident resting comfortably at this time..."</p> <p>*10:00 am - "Nurse made round to check on resident and noted resident to be having seizure like activity. Resident rolled onto side and staff stayed to monitor. Nurse notified hospice of again of [sic] seizure activity, hospice nurse stated that she would make round and bring Phenobarbital suppositories."</p> <p>*10:15 am - "Resident continues to have seizure like activity . Staff at bedside to monitor. Resident rolled onto left side to prevent aspiration."</p> <p>*10:30 am - "[Physician] notified of resident's seizure activity and need for IM Ativan...Medication was pulled out of E-Kit and administered. Hospice nurse here and Phenobarbital suppository administered..."</p> <p>On 5/27/16 at 11:00 am, LN #1 reviewed her progress note and said Resident #4 had an initial seizure at 9:45 am on 2/16/16 and after a few minutes the seizure stopped. She said at 10:00</p>	F 425			

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F 425	<p>Continued From page 7</p> <p>am, the seizures returned and continued until the hospice nurse arrived to administer the Phenobarbital suppository at about 10:30 am. She said during this time RCM #1 left to look for the Phenobarbital suppository, while LN #1 stayed with Resident #4. RCM #1 told LN #1 the medication was not in the facility or hospice E-Kit.</p> <p>On 5/27/16 at 11:45 am, the DON said the hospice agency was responsible for providing Resident #4's medication and should have provided the facility with the Phenobarbital suppository. She said Resident #4 experienced status epilepticus due to not receiving the suppository after 5 minutes of seizure activity as the order specified.</p> <p>On 5/27/16 at 12:45 pm, the pharmacist said Phenobarbital was not a medication she stocked in the facility's E-Kit. She said each hospice provider supplied their own E-Kits and varied on what was supplied.</p> <p>On 5/27/16 at 2:00 pm, with the DON present, RCM #1 said that on 2/16/16, after Resident #4 began to experience seizures, the physician instructed her to administer the Phenobarbital suppository, but after not finding the suppository in the facility or in the hospice E-Kit, the physician ordered Stat IM Ativan. She said once the suppository was not found and the hospice nurse was notified, the hospice nurse was at the facility within 20 minutes with the suppository. She said the facility should have checked the hospice E-Kit when Resident #4 was admitted to ensure the suppository was included.</p>	F 425			
F 514	483.75(l)(1) RES	F 514		7/16/16	

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF POST FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 460 NORTH GARDEN PLAZA COURT POST FALLS, ID 83854		
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F 514 SS=D	<p>Continued From page 8</p> <p>RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, policy review, and staff interview, it was determined the facility failed to ensure a MAR for 1 of 4 (#4) sampled residents, was accurate and complete. This failure created the potential for a resident to receive inaccurate medication dosages. Findings included:</p> <p>The facility's Policies for Medication Administration, revised on 4/2/13, documented: "Initial each medication in the correct box on the MAR after the medication is given. PRN medication is charted with initials, and time is given in the corner of the box..."</p> <p>Resident #4 was readmitted to the facility on 2/10/16 with multiple diagnoses, including malignant neoplasm of frontal lobe (brain cancer), convulsions, and epilepsy.</p>	F 514	<ol style="list-style-type: none"> 1. Resident #4 no longer resides in the facility. 2. Residents MARs will be reviewed for accuracy at end of month recaps for accuracy. 3. Medications will be documented in the MAR as per policy. Audits will be conducted weekly for 6 weeks on medication carts for accuracy of documentation of medication administration. LNs will be inserviced on the documentation policy to ensure ongoing compliance. 4. Results of these audits will be reviewed/monitored monthly at QAPI meeting. 		

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

PRINTED: 10/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/27/2016
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF POST FALLS			STREET ADDRESS, CITY, STATE, ZIP CODE 460 NORTH GARDEN PLAZA COURT POST FALLS, ID 83854		
(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	
F 514	<p>Continued From page 9</p> <p>Resident #4's 2/10/16 physician's orders and February 2016 MAR documented Resident #4 was to receive Phenobarbital suppository PRN for seizures lasting 5 minutes or longer and 1 mg lorazepam (Ativan) for anxiety.</p> <p>Resident #4's 2/16/16 physician's orders documented a Stat order for 2 mg IM Ativan for status epilepticus followed by a second dose of 2 mg IM Ativan.</p> <p>Resident #4's 2/16/16 Nursing Notes documented:</p> <p>* 9:45 am: "...PRN Ativan 1 mg SL given at this time..."</p> <p>* 10:30 am: "[Physician] notified of resident's seizure activity and need for IM Ativan...Medication was pulled out of E-Kit and administered. Hospice nurse here and Phenobarbital suppository administered..."</p> <p>Resident #4's February 2016 MAR did not document the resident received PRN SL or Stat IM Ativan or the PRN Phenobarbital suppository.</p> <p>On 5/27/16 at 11:00 am, LN #1 said she administered both doses of Ativan and the hospice nurse administered the Phenobarbital suppository. She said the medications were documented in the progress notes, but not on the MAR.</p>	F 514			



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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July 25, 2016

Jeremy Tolman, Administrator
Life Care Center Of Post Falls
460 North Garden Plaza Court,
Post Falls, ID 83854-6437

Provider #: 135135

Dear Mr. Tolman:

On **May 27, 2016**, an unannounced on-site complaint survey was conducted at Life Care Center Of Post Falls. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007263

The clinical record of the identified resident and three other residents' records were reviewed for Quality of Care concerns. The facility's Incident and Accident reports from February 2016 to May 2016 were reviewed. The facility's Grievance file from February 2016 to May 2016 was reviewed. Resident Council minutes from February 2016 to May 2016 were reviewed.

Two nurses and the Director of Nursing were interviewed regarding Quality of Care concerns. The Pharmacist was interviewed regarding medication supply and storage.

Allegation #1: The Reporting Party said an identified resident was admitted without his/her seizure medication as ordered and was not given seizure medication to stop a seizure.

Findings #1: The complaint was investigated during an on-site complaint survey from May 26, 2016 to May 27, 2016.

Jeremy Tolman, Administrator
July 25, 2016
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The identified resident was no longer in the facility at the time the complaint was investigated.

Based on record review and staff interview, it was determined the allegation was substantiated and the facility was cited at F309, F425, and F514.

Conclusion #1: Substantiated. Federal deficiencies related to the allegation are cited.

Allegation#2: An identified resident was not sent to the hospital after he/she experienced a seizure.

Findings #2: The clinical record of the identified resident and three other residents' records were reviewed for code status and no concerns were identified.

A nurse said the resident received the appropriate care and services following the seizure, as indicated by the clinical record and by a family member.

Based on record review and staff interview, it was determined the allegation could not be substantiated.

Conclusion #2: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the investigation, deficiencies were cited and included on the Statement of Deficiencies and Plan of Correction forms. No response is necessary to this findings letter, as it was addressed in the provider's Plan of Correction.

If you have questions, comments or concerns regarding our investigation, please contact David Scott, R.N. or Nina Sanderson, L.S.W., Supervisors, Long Term Care at (208) 334-6626, option 2. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

A handwritten signature in black ink that reads "D. Scott". The signature is written in a cursive style with a large initial "D" and a clear "Scott" following.

DAVID SCOTT, RN, Supervisor
Long Term Care

DS/pmt