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<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>(X5) COMPLETION DATE</th>
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<td>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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**{F 000} INITIAL COMMENTS**

On March 11, 2019 through March 12, 2019, an onsite revisit and complaint investigation survey was conducted to verify correction of deficiencies noted during the survey December 14, 2018. Life Care Center of Post Falls it was found to be in substantial compliance with federal health care regulations as of January 23, 2109.

The surveyors conducting the survey were:

Jenny Walker, RN, Team Coordinator
Wendi Gonzales, RN
Presie Billington, RN

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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Jenny Walker, RN, Team Coordinator
Wendi Gonzales, RN
Presie Billington, RN
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**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

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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