

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135142	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ADVANCED HEALTHCARE COEUR D ALENE B. WING _____		(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF COEUR D'ALENE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1578 W RIVERSTONE DRIVE COEUR D'ALENE, ID 83814		
(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	<p>INITIAL COMMENTS</p> <p>The facility consists of a single story, Type V (111) structure with hazardous area separations. The building is fully sprinklered and has a complete fire alarm/smoke detection system including open areas and using beam detection in the open clear-story hallways housing resident rooms. The facility is separated into three smoke compartments and is equipped with a Type 2 medical gas system and Type 1 EPSS (emergency power supply system). Currently the facility is licensed for 34 SNF/NF beds.</p> <p>The facility was found to be in substantial compliance during the initial Licensing and Certification survey conducted on February 6 and 9, 2017. The facility was surveyed under the LIFE SAFETY CODE, 2012 edition, Existing Healthcare Occupancies, in accordance with 42 CFR 483.70.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety & Construction</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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.