



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSS BARRON – Director

TAMARA PRISOCK—ADMINISTRATOR
LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T – Chief
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February 27, 2018

Landon Taylor, Administrator
Life Care Center of Coeur d'Alene
500 West Aqua Avenue
Coeur d'Alene, ID 83815-7764

Provider #: 135122

Dear Mr. Taylor:

On **February 13, 2018**, a survey was conducted at Life Care Center of Coeur d'Alene 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 one that comprises a pattern that constitutes no actual harm with potential for more than minimal 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.

Landon Taylor, Administrator
February 27, 2018
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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 **March 9, 2018**. Failure to submit an acceptable PoC by **March 9, 2018**, may result in the imposition of penalties by **April 3, 2018**.

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 **March 20, 2018 (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 **May 14, 2018**. A change in the seriousness of the deficiencies on **March 30, 2018**, may result in a change in the remedy.

Landon Taylor, Administrator
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The remedy, which will be recommended if substantial compliance has not been achieved by **May 14, 2018** includes the following:

Denial of payment for new admissions effective **May 14, 2018**. [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 **August 12, 2018**, 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 Debby Ransom, RN, RHIT, Bureau Chief, Bureau of Facility Standards, 3232 Elder Street, Post Office Box 83720, Boise, Idaho, 83720-0009; phone number: (208) 334-6626, option 5; 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 **May 14, 2018** 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:

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

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

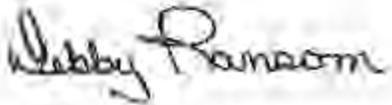
- BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by **March 9, 2018**. If your request for informal dispute resolution is received after **March 9, 2018**, 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 Debby Ransom, RN, RHIT, Bureau Chief at (208) 334-6626, option 5.

Sincerely,

A handwritten signature in cursive script that reads "Debby Ransom".

Debby Ransom, RN, RHIT, Chief
Bureau of Facility Standards

dr/lj
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2018
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COEUR D'ALENE			STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST AQUA AVENUE COEUR D ALENE, ID 83815		
(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 806	<p>Continued From page 1</p> <p>was observed with the lid off and the top layer of the margarine was coated with bread crumbs.</p> <p>On 2/13/18 at 1:55 PM, the Certified Dietary Manager (CDM) stated the margarine with the crumbs was inappropriate and was an example of cross-contamination.</p> <p>b. On 2/13/18 at 7:00 AM, Cook #1 was observed preparing hash-browns on the grill. From 7:17 AM to 7:43 AM, Cook #1 was observed during the breakfast meal service. At 7:25 AM, Cook #1 shifted the cooked hash-browns to the top left corner of the grill and proceeded to cook eggs to order onto the grill with the hash-browns. Particles of eggs were observed drifting towards the hash-browns and pieces of eggs could be seen in the hash-browns. At 7:38 AM, Cook #1 was observed preparing two eggs over easy next to two pancakes on the grills surface with the hash-browns. Cook #1 was observed utilizing this same process throughout the breakfast service for multiple orders of eggs, pancakes, and hash-browns. Throughout the observation Cook #1 did not consistently perform hand hygiene when he moved from working with uncooked eggs to acquiring cooked food items. Throughout the observation Cook #1 did not sanitize the grill between the different food items.</p> <p>On 2/13/18 at 1:55 PM, the CDM stated the facility did not currently have residents with egg allergies in the facility and stated if there were residents with egg allergies then the process observed above was not appropriate for preparing food. The CDM stated the cook should have cooked the food items in pans to prevent cross-contamination and washed his hands</p>	F 806	<p>educated on regulatory guidelines for food allergies, preferences, substitutes, prevention of cross contamination, and proper hand hygiene. 2) Facility dietary personnel to provide and maintain food label for all foods served to residents for ingredient understanding to meet regulatory guidelines. 3) Dietary Manager or designee to review new admission for accuracy and reflection of dietary needs including food allergies/intolerance; and appropriate alternatives.</p> <p>Monitoring Dietary Manager or designee to audit dietary care plan for food allergies/intolerances and appropriate alternatives are compliant with food served and are within regulatory guideline. In addition the dietary manager or designee to conduct observations of dietary staff during meal prep for compliance of cross contamination and proper hand hygiene. Results of audit will be reviewed at QAPI for trending and ongoing compliance.</p> <p>3x weekly x4 weeks, continuing, 2x weekly x4 weeks, continuing, 1x weekly x4 weeks.</p>		

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F 806	<p>Continued From page 2</p> <p>between moving from one task to another such as working with raw eggs to cooked foods.</p> <p>c. On 2/13/18 at 7:50 AM, a gluten free test tray was requested of hash-browns, bacon, and cold cereal. Cook #2 stated she would provide Raisin Bran cereal for the test tray. Cook #2 was asked which cereal contained gluten and she stated "oh yeah, Raisin bran has gluten, what type of cereal would you like? We have Rice Krispies, Corn Flakes, and Cheerios which would be gluten free." The Surveyor asked Cook #2 for whichever option was gluten free and Cook #2 provided Corn Flakes.</p> <p>On 2/13/18 at 8:04 AM, Cook #2 stated she was unaware Corn Flakes contained gluten and she did not have a food label to examine.</p> <p>On 2/13/18 at 8:01 AM, Cook #3 stated she was unaware Corn Flakes contained gluten. Cook #3 stated when she had questions on food items' ingredients, she would reference their food labels. Cook #3 was asked to provide food labels for Raisin Bran, Rice Krispies, Corn Flakes, and Cheerios for review, and Cook #3 stated she was unable to identify the ingredients of the cereals because the facility removed cold cereals from their boxes to save room in the storage area.</p> <p>On 2/13/18 at 10:01 AM, the facility provided copies of food labels for Corn Flakes, Cheerios, Raisin Bran, and Rice Krispies, the food labels documented the following:</p> <p>a. Raisin Bran - "Ingredients: Whole grain wheat ... "</p> <p>b. Corn Flakes - "Ingredients: ... malt flavor ... "</p>	F 806			

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F 806	<p>Continued From page 3</p> <p>c. Rice Krispies - "Ingredients: ... malt flavor ... "</p> <p>d. Cheerios - "Gluten Free"</p> <p>According to a 2/26/18 InterNet search of The Academy of Nutrition and Dietetics at file:///D:/Data/Downloads/Client-Ed-Celiac-Diseas e-Label-Reading-Tips.pdf, documented for gluten free food, food labels should be read carefully to check for foods that contained wheat, barley, or rye. The document stated barley was found in malt, malt flavoring, and other malted food items.</p> <p>On 2/13/18 at 1:55 PM, the CDM stated it was facility practice to remove cereal out of boxes and mixes such as breads, cakes, and muffins to save room in the storage area. The CDM stated when the labels where removed it made it difficult for the staff to examine the food labels. The CDM stated he went a bought the cereals from a local store to provide labels for review and he placed the labels in the storage area for staff knowledge. The CDM stated after examining the food labels, the only gluten free cereal was Cheerios.</p> <p>2. Resident #1 was admitted to the facility on 12/25/13 with diagnoses, including a history of anaphylaxis.</p> <p>A quarterly MDS assessment, dated 12/22/17, documented Resident #1 was cognitively intact.</p> <p>Resident #1's admission Allergy List, dated 12/25/13, documented she had a severe egg allergy which caused anaphylaxis.</p> <p>The Nutrition Care Plan, dated 5/15/14, documented Resident #1 was "highly allergic to eggs."</p>	F 806			

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

PRINTED: 03/26/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135122	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2018
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F 806	Continued From page 4 A hand-written note by Resident #1, dated 8/24/17, documented she received a cornbread muffin on her dinner plate and the cornbread contained eggs. On 2/13/18 at 1:47 PM, the CDM stated he was aware of Resident #1's allergy to eggs. The CDM stated the facility had a few occurrences of Resident #1 being served products with eggs in them. The CDM stated a few months back Resident #1 was served a corn bread muffin that she did not eat and saved it to show him. He stated he examined the pre-packaged cornbread muffin mixture and it contained eggs. The CDM stated when he spoke with his staff they thought the muffin would be safe because the staff did not add eggs to the mixture. The CDM stated he educated his staff on reading food labels closer. The CDM stated there were interventions in place to prevent Resident #1 from receiving egg products as follows: * Resident #1's tray contained a sign that documented egg allergen double check no eggs. * Her food was prepared first in separate pans and wrapped in foil before served to Resident #1. * Resident #1 had her own egg free sandwich condiments * Her breakfast tray was left on top of the tray cart at Resident #1's request to prevent the egg smell on her tray. * The staff were to examine the food label prior to serving Resident #1 her meals. The CDM stated without labels it was difficult for staff to ensure the food items prepared were egg free. The CDM stated he had a plan in place to	F 806			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 806	Continued From page 5 inservice staff on food allergens and reading the food label.	F 806			



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March 21, 2018

Landon Taylor, Administrator
Life Care Center of Coeur d'Alene
500 West Aqua Avenue
Coeur d'Alene, ID 83815-7764

Provider #: 135122

Dear Mr. Taylor:

On **February 13, 2018**, an unannounced on-site complaint survey was conducted at Life Care Center of Coeur D'Alene. The complaint allegations, findings and conclusions are as follows:

Complaint #ID00007750

ALLEGATION #1:

A resident with a known allergy to eggs passed away from an allergic reaction to eating a food item which contained eggs.

FINDINGS:

Several residents were observed throughout the survey, including those who had experienced emergency transfers out of the facility, had allergic reactions, and/or had food allergies. Staff were observed throughout the survey providing various care and services to residents.

The clinical records of 4 residents were reviewed for quality of life, quality of care and resident rights concerns. The facility's Grievance file, Incident and Accident reports, Alleged Abuse reports, and Resident Council minutes from August 2017 through February 2018, were reviewed.

Landon Taylor, Administrator
March 21, 2018
Page 2 of 3

Several residents and several staff members, including the Director of Nursing, were interviewed regarding emergency transfers out of the facility, allergic reactions, and food allergies. The Food Service Director was interviewed regarding food allergy concerns. The Administrator was interviewed regarding abuse protocols.

The Resident Council minutes, Incident and Accidents files, and Grievance files did not include documentation of concerns regarding deaths due to allergic anaphylaxis reactions to food. One resident's clinical record documented she was highly allergic to eggs. The resident's clinical record indicated that one day in January 2018, she consumed her breakfast early in the morning and had not yet received her lunch meal before her condition deteriorated, requiring emergency transport to the hospital. The resident's record also contained copies of hospital records which documented she had experienced a cardiac arrest and subsequently passed away at the hospital. The hospital records identified the cause of death as cardiac arrest.

Based on information garnered during the investigation, the allegation that the resident passed away due to an anaphylaxis reaction related to a food allergy, could not be substantiated.

CONCLUSIONS:

Unsubstantiated. Lack of sufficient evidence.

ALLEGATION #2:

The facility failed to ensure residents were not served food items which they were allergic to.

FINDINGS #2:

Based on record review and interviews with staff and family members, it was determined the facility did not provide necessary care and services for residents with food allergies.

One resident's clinical record documented she was highly allergic to eggs. The resident's record documented multiple instances of the resident receiving food that contained eggs and the resident's discussions with staff about the instances.

Observations were also completed of staff preparing food in the facility's kitchen. Concerns were identified related to unsanitary cooking practices. Concerns were also identified related to staff's lack of knowledge of which foods were gluten free. Based on the results of the investigation, the allegation was substantiated. A deficiency was cited at 42 CFR 483.60(d)(4)(5) as it relates to the failure of the facility to ensure appropriate alternatives were provided to residents who had food allergies and/or intolerances. Please refer tag F806 on the CMS-2567 for further details.

Landon Taylor, Administrator
March 21, 2018
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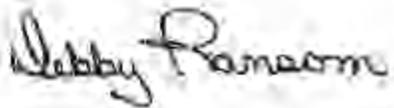
CONCLUSIONS:

Substantiated. Federal deficiencies related to the allegation are cited.

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 will be addressed in the provider's Plan of Correction.

If you have questions, comments or concerns regarding our investigation, please contact Debby Ransom, RN, RHIT at (208) 334-6626, option 5. 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 "Debby Ransom". The signature is written in a cursive, slightly slanted style.

Debra Ransom, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/lj