

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

PRINTED: 04/20/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>135135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/20/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF POST FALLS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>460 NORTH GARDEN PLAZA COURT</b> <b>POST FALLS, ID 83854</b>		
(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	<p>INITIAL COMMENTS</p> <p>Acomplaint survey was conducted from February 18, 2020 through February 20, 2020 at Life Care Center of Post Falls. There were no deficiencies cited during the survey as a result of the complaint investigation.</p> <p>The surveyors conducting the survey were:</p> <p>Jenny Walker, RN, Team Coordinator Laura Thompson, RN Kim Saccomando, RN Monica Meister, QIDP, MEd</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

03/04/2020

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.



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BRAD LITTLE – Governor  
DAVE JEPPESEN – Director

TAMARA PRISOCK—ADMINISTRATOR  
LICENSING & CERTIFICATION  
DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P. O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

April 17, 2020

Stephanie Bonanzino, Administrator  
Life Care Center of Post Falls  
460 North Garden Plaza Court  
Post Falls, ID 83854-6437

Provider #: 135135

Dear Ms. Bonanzino:

On **February 18, 2020** through **February 20, 2020**, 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 #ID00008334**

ALLEGATION #1:

The facility were not providing 1:1 supervision to residents that are a high fall risk.

FINDINGS #1:

During the survey four resident records were reviewed, observations were conducted, facility incident and accident reports and reportable reports were reviewed, community discharges were reviewed, and resident and staff were interviewed.

Observations were conducted during the survey for residents who required 1:1 supervision. Two residents required 1:1 supervision related to high risk for falls and an elopement risk. One LPN stated one of the residents required 1:1 supervision related to poor safety awareness and was a high risk to fall. One resident was observed with having 1:1 supervision within arms reach of the resident at all times. The 1:1 staff member was engaged to the resident at all times. The assigned 1:1 staff member was noted to be engaged with the resident during the observations with no concerns identified.

One resident's record was reviewed, an incident and accident report documented a resident, who required 1:1 supervision, sustained a fall in the bathroom and the staff was not within arm's reach of the resident. The resident complained of hip pain after the fall, and x-rays were negative for injuries. The facility conducted an investigation and re-educated all staff on the facility's policy related to supervision.

Based on the investigative findings, the allegation was substantiated, and no deficient practice was currently identified due to the facility correcting the concerns prior to the survey.

#### CONCLUSIONS:

Substantiated. No deficiencies related to the allegation are cited.

#### ALLEGATION #2:

The facility was involuntary discharging residents to the community.

#### FINDINGS #2:

Three closed records were reviewed for involuntary discharges to the community. All three closed records documented planned discharges. One of the closed records documented the resident had a planned discharge to an assisted living facility. The resident's record documented the facility communicated and provided necessary information to the assisted living facility to ensure the resident continued to receive necessary care and services.

Stephanie Bonanzino, Administrator  
April 17, 2020  
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The LSW stated the resident was a planned discharged for several weeks and had coordination of care with the resident and the resident's family to assure everything was in place for a safe discharge to the community.

Based on the investigative findings, the allegation was unsubstantiated due to lack of evidence regarding residents' being involuntary discharged to the community.

**CONCLUSIONS:**

**Unsubstantiated. Lack of sufficient evidence.**

**One of the allegations was substantiated, but not cited. Therefore, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.**

**If you have any questions, comments or concerns regarding this matter, please contact Laura Thompson, RN, or Belinda Day, RN, Supervisors, Long Term Care Program at (208) 334-6626, Option #2.**

Sincerely,



**Laura Thompson, RN, Supervisor  
Long Term Care Program**

LT/lj



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April 20, 2020

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

Provider #: 135135

Dear Ms. Bonanzino:

On **February 18, 2020** through **February 20, 2020**, 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 #ID00008349**

**Allegation:** The facility is not ensuring residents receive care and services per physician's orders.

**Findings:** An unannounced on-site follow up and complaint survey was conducted from 2/18/20 through 2/20/20. During the survey, thirteen residents records and 3 closed records were reviewed, observations were conducted, facility incident and accident reports were reviewed, and residents and staff were interviewed.

Four residents were observed during medication administration pass and no concerns were identified for residents not receiving medications as ordered by the physician. Four residents stated they received medications the physician prescribed to them by the licensed staff. Two family representatives stated they were notified of medication changes and the residents received medications prescribed for them.

Stephanie Bonanzino, Administrator  
April 20, 2020  
Page 2 of 2

One resident's record documented the resident was receiving an anticoagulant medication that helped prevent formation of blood clots and the medication was to be discontinued and replaced with aspirin. The resident's record documented the physician's order was not processed and the resident continued to receive the anticoagulant medication. However, the facility identified the processing concern and notified the physician. The physician dictated a new order and the facility appropriately processed and implemented the new order. There was no documented evidence the resident sustained adverse effects from the use of the anticoagulant medications.

One resident was observed receiving a daily dressing change per the physician's orders. The resident declined to have the dressing changed earlier in the day and was re-approached three hours later and the resident allowed to the dressing change and no concerns were identified during the observation.

One resident's record documented the resident was to have daily leg wraps per the physician's orders. The resident's record documented the resident received daily leg wraps and no concerns were identified.

Based on the investigative findings, the allegation was unsubstantiated due to lack of evidence regarding the residents were not receiving care and services per physician's orders.

**Conclusion:** Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

If you have any questions, comments or concerns regarding this matter, please contact Laura Thompson, RN, or Belinda Day, RN, Supervisors, Long Term Care Program at (208) 334-6626, Option #2.

Sincerely,

BELINDA DAY, RN, Supervisor  
Long Term Care Program

BD/ac



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