

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

PRINTED: 05/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

|   |   |   |   |                      |   |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>135053</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - ENTIRE BUILDING</b><br><br>B. WING _____                      |                      | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/26/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>IVY COURT</b>                  |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2200 IRONWOOD PLACE</b><br><b>COEUR D'ALENE, ID 83814</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 |   |
| {K 000}   | <p><b>INITIAL COMMENTS</b></p> <p>On May 26, 2020, an off-site follow-up survey was conducted to verify correction of deficiencies noted at the survey on February 25, 2020. Ivy Court was found to be in substantial compliance with all Life Safety Code standards as of March 22, 2020.</p> <p>The surveyor completing this survey was:</p> <p>Linda Chaney<br/>Health Facility Surveyor<br/>Facility Fire/Safety and 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.

Bureau of Facility Standards

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MDS001150</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01 - ENTIRE BUILDING</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/26/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>IVY COURT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2200 IRONWOOD PLACE</b><br><b>COEUR D'ALENE, ID 83814</b> |
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|--------------------|--|---------------|---|--------------------|
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| {C 000} | <p><b>INITIAL COMMENTS</b></p> <p>On May 26, 2020, an off-site follow-up survey was conducted to verify correction of deficiencies noted at the survey on February 25, 2020. Ivy Court was found to be in substantial compliance with all State requirements as of February 28, 2020.</p> <p>The surveyor completing this survey was:</p> <p>Linda Chaney<br/>Health Facility Surveyor<br/>Facility Fire/Safety and Construction</p> | {C 000} |  |  |
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| Bureau of Facility Standards<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|