



IDAHO DEPARTMENT OF
HEALTH & WELFARE

.BRAD LITTLE – Governor
DAVE JEPPESEN – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

July 31, 2019

Emily Engberson, Administrator
Advanced Health Care of Coeur d'Alene
1578 W Riverstone Drive
Coeur D'Alene, ID 83814

Provider #: 135142

RE: **FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER LETTER**

Dear Ms.. Engberson:

On **July 25, 2019**, a Facility Fire Safety and Construction survey was conducted at **Advanced Health Care Of Coeur D'Alene Llc** by the Department of Health & Welfare, 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 Medicaid program participation requirements. This survey found the most serious deficiency to be an isolated deficiency 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. Please provide **ONLY ONE** completion date for each federal and state tag in column (X5) Completion Date to signify when you allege that each tag will be back in compliance.

Emily Engberson, Administrator
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NOTE: The alleged compliance date must be after the "Date Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign the Statement of Deficiencies and Plan of Correction, CMS-2567 Form in the spaces provided and return the originals to this office. If a State Form with deficiencies was issued, it should be signed, dated and returned along with the CMS-2567 Form.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **August 13, 2019**. Failure to submit an acceptable PoC by **August 13, 2019**, may result in the imposition of civil monetary penalties by **September 4, 2019**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- Include dates when corrective action will be completed.
- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567. If a State Form was issued as well, it should also be signed, dated and returned.

All references to federal regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies may be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **August 29, 2019**, (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 **October 23, 2019**. A change in the seriousness of the deficiencies on **September 8, 2019**, may result in a change in the remedy.

Emily Engberson, Administrator
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The remedy, which will be recommended if substantial compliance has not been achieved by **August 29, 2019**, includes the following:

Denial of payment for new admissions effective **October 25, 2019**.
42 CFR §488.417(a)

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, 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 **January 25, 2020**, 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, it will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Nate Elkins, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, option 3; Fax #: (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 **July 25, 2019**, 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:

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

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

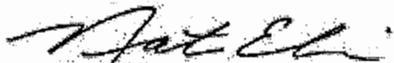
BFS Letters (06/30/11)

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

This request must be received by **August 13, 2019**. If your request for informal dispute resolution is received after **August 13, 2019**, 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, please contact us at (208) 334-6626, option 3.

Sincerely,



Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj

Enclosure

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 07/25/2019
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	INITIAL COMMENTS The facility consists of a single story, Type V (111) structure built in 2016. The facility is separated into three smoke compartments with additional hazardous area separations. The building is fully sprinklered and has a complete fire alarm/smoke detection system including open areas and beam detection in the open, clear-story hallways housing resident rooms. The facility is equipped with a Type 2 medical gas system and Type 1 EPSS (Emergency Power Supply System) is supplied by a diesel powered, on-site automatic generator. Currently the facility is licensed for 34 SNF/NF beds and had a census of 30 on the date of the survey. The following deficiency was cited during the annual Fire/Life Safety survey conducted on July 25, 2019. The facility was surveyed under the LIFE SAFETY CODE, 2012 edition, Existing Healthcare Occupancies, in accordance with 42 CFR 483.70. The surveyor conducting the survey was: Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction	K 000	RECEIVED AUG 15 2019 FACILITY STANDARDS	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates,	K 324	K 324 Systemic Changes: Kitchen hood cleaning has been added to a checklist to ensure compliance. Surveillance: Administrator or her designee will ensure the kitchen hood is cleaned bi-annually Date of Compliance: 7/30/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

[Signature] Administrator 8/13/19.

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.

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 07/25/2019
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K 324	<p>Continued From page 1</p> <p>toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure a semi-annual inspection of the Kitchen hood was conducted in accordance with NFPA 96. Failure to conduct semi-annual inspections of cooking ventilation systems could increase the risk of fires due to excessive build-up of grease laden vapors. This deficient practice affected staff and visitors in the kitchen on the date of the survey.</p> <p>Findings include:</p> <p>Review of inspection records on July 25, 2019, from approximately 10:30 AM to 12:30 PM, revealed the last known kitchen hood inspection was completed on December 12, 2018. When asked, the Administrator stated the facility was unaware the hood inspection/cleaning was due in</p>	K 324		

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K 324	<p>Continued From page 2</p> <p>June of 2019. The facility accidentally recorded the invoice date instead of the service date and believed they had another month to complete the hood cleaning.</p> <p>Actual NFPA standard:</p> <p>NFPA 96</p> <p>11.4* Inspection for Grease Buildup The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4.</p> <p>Table 11.4 Schedule of Inspection for Grease Buildup Inspection Frequency Type or Volume of Cooking Systems serving solid fuel cooking operations Monthly Systems Serving high-volume cooking operations, such as 24-hour cooking operations Quarterly Systems serving moderate-volume cooking operations Semiannually Systems serving low-volume cooking operations, such as churches, day camps, seasonal businesses, or senior centers Annually</p> <p>11.6 Cleaning of Exhaust Systems 11.6.1 Upon inspection, if the exhaust system is found to be contaminated with deposits from grease-laden vapors, the contaminated portions of the exhaust system shall be cleaned by a properly trained, qualified, and certified</p>	K 324		

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

PRINTED: 07/31/2019
FORM APPROVED
OMB NO. 0938-0391

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 07/25/2019
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K 324	Continued From page 3 person(s) acceptable to the authority having jurisdiction.	K 324			



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July 31, 2019

Emily Engberson, Administrator
Advanced Health Care of Coeur d'Alene
1578 W. Riverstone Drive
Coeur d'Alene, ID 83814

Provider #: 135142

RE: EMERGENCY PREPAREDNESS SURVEY REPORT COVER LETTER

Dear . Engberson:

On **July 25, 2019**, an Emergency Preparedness survey was conducted at Advanced Health Care of Coeur d'Alene by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found to be in substantial compliance with Federal regulations during this survey.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, which states that the facility complies with the requirements of CFR 42, 483.70(a) of the federal requirements. This form is for your records only and does not need to be returned.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact this office at (208) 334-6626, option 3.

Sincerely,

Nate Elkins, Supervisor
Facility Fire Safety and Construction

NE/lj
Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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E 000	<p>Initial Comments</p> <p>The facility consists of a single story, Type V (111) structure built in 2016. The facility is separated into three smoke compartments with additional hazardous area separations. The building is fully sprinklered and has a complete fire alarm/smoke detection system including open areas and beam detection in the open, clear-story hallways housing resident rooms. The facility is equipped with a Type 2 medical gas system and Type 1 EPSS (Emergency Power Supply System) is supplied by a diesel powered, on-site automatic generator. Currently the facility is licensed for 34 SNF/NF beds and had a census of 30 on the date of the survey.</p> <p>The facility was found to be in substantial compliance during the annual Emergency Preparedness Survey conducted on July 25, 2019. The facility was surveyed under the Emergency Preparedness Rule established by CMS, in accordance with 42 CFR 483.73.</p> <p>The surveyor conducting the survey was:</p> <p>Linda Chaney Health Facility Surveyor Facility Fire Safety and Construction</p>	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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