| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of records and interviews, it was determined the facility failed to ensure residents consistently received necessary care to prevent pressure ulcers and infection from developing. This was true for 1 of 1 resident (Resident #9) reviewed for pressure ulcer. This deficient practice caused harm to Resident #9 when he developed pressure wound and infection to his right palm which required use of antibiotics. Findings include: Resident #9 was admitted to the facility on [DATE] with multiple diagnoses including right-hand contracture and aphasia (an impairment of language due to brain injury, affecting the production or comprehension of speech and the ability to read or write) following a stroke. Resident #9's ADL care plan revised 4/12/25, directed staff to:Trim and file his nails weekly and as needed, initiated 6/17/25.Apply a right-hand grip splint eight hours a day during the day as he can tolerate, revised 7/11/25.A Communication with Physician note dated 7/31/25, documented an SBAR the nurse was concerned as Resident #9 had constricted fingers that have led to skin maceration noted with odorous smell. It documented Resident #9 complained of pain and discomfort when staff tried to clean his hand. The physician recommended Resident #9 to be evaluated and treated by OT for his contractures.A Communication to Physician note dated 10/6/25, documented an SBAR the CNAs reported Resident #9 refused to wear his brace every day. He showed high level of pain when the staff tried to even put their fingers into his contracted hand. The note documented a recommendation Re-evaluation for therapy options for resident. A Nursing Note dated 10/21/25, documented Resident refused to wear the brace, but he was using the carrot (a soft cone-shaped orthosis designed to treat severe hand contractures by gradually opening the hand) that was given to him from Physical Therapy.On 3/19/26 at 11:43 AM, the OT with the DOR present, stated Resident #9 was referred to the Therapy department in July 2025 for feeding and right-hand contracture. The OT stated Resident #9 discharged from the therapy on 7/15/25 and he was provided with orthotic/splint to keep his fingers in a resting position and prevent further contraction. OT stated the orthotic splint had to be worn during the day as he can tolerate. When asked if Resident #9 was referred to therapy after 7/15/25, both the DOR and OT stated he was not referred to the therapy after his discharge on [DATE]. When asked how the orthotic splint was placed on Resident #9's right hand, OT stated it was placed between his fingers and the thumb. Resident #9's TAR documented he refused to wear his hand grip orthotic as follows:14 out of 31 days in 10/202521 out of 30 days in 11/202518 out of 31 days in 12/202522 out of 31 days in 1/202620 out of 28 days in 2/202615 out 19 days in 3/2026A Monthly Summary Report, dated 1/27/26 and 2/27/26, documented Resident #9 had right contractures, and he refused to wear the hand grip orthotic. There was no further documentation in Resident #9's records, the physician, the therapy department, and/or his representative were notified of his refusal to wear the grip orthotic after 10/6/25. There was no documentation of further interventions or treatment for his pain related to his right hand contracture. A Communication Note with Physician dated 3/12/26 at 11:41 PM, documented an SBAR Resident's contracted hand swollen and painful. Upon limited assessment, noted nails digging in to [into] skin, with white/yellow drainage noted. The note documented the provider ordered the following: Trim resident's nails and file to dull.Apply triple antibiotic ointment to draining wounds twice a day and cover with island dressing,<br>(continued on next page) |

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.

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Tegaderm, or what dressing is available in floor stock to keep wound covered.Cephalexin (antibiotic) 250 mg/5 ml suspension, give 10 ml TID for seven days. The Communication Note included a handwritten note, We are unable to open (R) hand to trim nails D/T [due to] contraction and swelling. We cannot place antibiotic ointment D/T not able to access site. A Provider Note dated 3/13/26, documented Resident had right hand contracture, with nails embedding into palm causing skin infection. Soaked resident's hand in betadine and warm water solution, trimmed nails on both hands, placed triple antibiotic cream on gauze and placed in his palm. Nails were no longer embedded into palm. On 3/18/26 at 4:34 PM, RNA #1 stated she assisted Resident #9 with his range of motion for his right hand by stretching his fingers as much as he can. RNA #1 stated she could barely open his right hand and had not seen his palm or his fingernails. RNA #1 stated Resident #9 would complain when his fingers were stretched. When asked if the nurse was notified of Resident #9 complaint of pain during his restorative program. RNA #1 stated, I believed I informed the nurse, but I can't remember the specifics. On 3/20/26 at 9:21 AM, LPN #2 stated she was aware Resident #9 refused to wear his splint for his right hand and documented it in the TAR. When asked if Resident #9 and/or his representative were educated about the risks and benefits of refusing to wear the splint, or physician notification of his refusals to wear the splint, LPN #2 stated his family was informed but she did not document it in her nursing notes. On 3/19/26 at 9:57 AM, together with the IP, Resident was observed in the dining room. The resident's hand was observed to be closed in a fist. The IP asked Resident #9 if she could see his right hand. When the IP tried to open his right hand, Resident #9 stated, It hurts. The IP then asked Resident #9 to open his right hand. Resident #9 moved his thumb, but he was unable to move the rest of his fingers. A review of Resident #9's ADL records did not document his fingernails being trimmed or any referral to the physician the staff were unable to trim his fingernails. On 3/19/26 at 2:10 PM, the DON was asked for the documentation of Resident #9's fingernails being trimmed. The DON reviewed Resident #9's ADLs record and stated she was unable to find documentation his fingernails were being trimmed or documentation he refused for his fingernails to be trimmed. When asked if she was informed of the staff were unable to open his right hand, DON stated she would look for documentation. When asked if Resident #9's wound to his palm could have been avoided, the DON stated, I don't know. On 3/20/26 at 9:28 AM, the Nurse Practitioner stated Resident #9's wound to his right palm was due to his fingernails that digged on his palm. On 3/20/26 at 10:21 AM, during follow-up interview, the DON was asked if she was informed of Resident #9 refusing to wear his right-hand grip orthotic, the DON stated, I might have been, but I do not recall. The DON stated when a resident continued to refuse to wear their splint, they would refer to the therapy department and we will inform their representative. The DON also stated, Yes, education would be provided for the residents and if the residents were cognitively impaired, then we will notify their representatives. The DON stated the physician would also be notified.The National Library of Medicine web page, titled Healing hand ulcers caused by focal spasticity (involuntary stiffness, tightness, and spasms due to damaged nerve pathways in the brain or spinal cord), accessed on 3/24/26, documented, In some cases, spastic fingers in the hand press hard into the palm, resulting in skin breakdown, and atypical pressure ulcerations. It also documented, Over time, pressure from the fingers with the overgrown nails can cause skin breakdown resulting in atypical pressure ulceration in the palm of the hand. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on observation, policy review, and staff interview, it was determined the facility failed to ensure medication refrigerator temperatures were routinely monitored and documented. This was true for 2 of 2 medication refrigerators (A-Wing and D-Wing Refrigerator) whose temperature logs were reviewed. This deficient practice created the potential for harm if residents received vaccines or medications which had reduced potency and safety from improper storage. Findings include:The facility's Medication Storage in Refrigerator/Freezer policy reviewed 9/9/25, documented the following:Medications and biologicals were stored at their appropriate temperatures according to their manufactures' specifications.The facility should monitor the temperature of medication storage areas at least once a day.The facility should monitor the temperature for vaccine storage twice a day.On 3/20/26 at 12:19 AM, the A-Wing Medication Storage room was inspected with RN #1. The Medication Storage room had two refrigerators: the Black refrigerator which stored the narcotics medications and the Silver refrigerator which stored the vaccines and insulins. The temperatures for the refrigerators were inconsistently documented. Review of the temperature logs documented that the temperatures were not recorded on the following days: Morning Shift:A. Silver Refrigerator:5 out of 28 days for 2/20268 out of 20 days for 3/2026 B. Black Refrigerator:5 out 28 days for the 2/202610 out of 20 days for 3/2026 PM ShiftA. Silver Refrigerator:2 out of 28 days for 2/20265 out of 20 days for 3/2026 B. Black Refrigerator:3 out of 28 days for 2/20265 out of 20 days for 3/2026 On 3/20/26 at 12:40 PM, the RCM reviewed the refrigerator's temperature logs and stated she did not think the temperature monitoring was being done as required. On 3/20/26 at 1:32 PM, the D-Wing Medication Storage room was inspected with the SDC. The temperatures for the medication refrigerator containing narcotics medications were inconsistently documented. Review of the temperature logs documented that the temperatures were not recorded on the following days:AM Shift15 of 30 days for 1/202616 of 28 days for 2/2026 PM Shift2 of 28 days for 2/20262 of 20 days for 3/2026 The SDC stated there should not be blanks on the medication room refrigerator temperature logs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the FDA Food Code, and staff interview it was determined the facility failed to provide employee hand hygiene, remove ice build-up in the freezer, and clean dust from the air condensing units. This was true for 75 of 76 residents who received food prepared by the facility's kitchen. This deficient practice created the potential for harm by placing residents at risk for potential foodborne illnesses and adverse health outcomes. Findings include:1. The FDA Food Code Section 2-301.14 When to Wash documented food employees shall clean their hands immediately before engaging in food preparation including working with exposed food, clean equipment and utensils.On 3/18/26 from 11:15 AM to 11:47 AM, Diet Aide #1 was observed with a hair net not covering the front portion of her head, with tendrils of hair framing her face. She was also observed taking food carts out of the kitchen and returning without performing hand hygiene.On 3/18/26 at 11:50 AM, the Dietary Manager observed Diet Aide #1 enter the kitchen without performing hand hygiene or wearing her hair net appropriately, and stated all food service employees are required to wear their hair nets appropriately and to perform hand hygiene when entering the kitchen.2. The FDA Food Code Section 3-303.12 _____ documented packaged food may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, or container or its positioning in the ice or water.On 3/16/26 at 10:26 AM, and on 3/20/26 at 12:39 PM, pillars of 2-inch icicles were observed melting from the air condenser unit in the freezer and dripping down into an opened box of frozen egg patties.On 3/20/26 at 12:44 PM, the Dietary Manager stated the trays under the air condenser should catch the ice, but sometimes it doesn't, and maintenance should monitor the units more regularly while food services cleans the ice. He stated the food should be wrapped up and not left open.3. The FDA Food Code Section 3-501.17 Ready-to-Eat, TCS (time/temperature control for safety) food, date marking, states marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded.On 3/20/26 at 12:52 PM, it was observed in the Resident Fridge on A-Wing:Refrigerator had brown streaks on the interior of the upper door. Staff food (Celcius) drink was unlabeled/dated stored in fridge. Resident food, undated labeled, stored in fridge (A jar of pickles, and Frappuccino coffee drink.)Freezer had resident food with only a room number, no name or date (Frozen meals - 2 banquet meals/2 [NAME] pot pies). On 3/20/26 at 12:56 PM, the Dietary Manager stated all resident food should be dated and labeled with resident's name; however, nursing staff are supposed label the food items with resident name and date food before placing it into the refrigerator or freezer. 4. The FDA Food Code Section 4-602.11 Equipment Food-Contact Surfaces and Utensils documented food-contact surfaces and equipment used for time/temperature control for safety foods should be cleaned as needed.On 3/16/26 at 10:32 AM, and on 3/20/26 at 12:42 AM, dust particles were observed on the refrigerator air condenser unit hanging off the bolts which secure the unit to the ceiling.On 3/20/26 at 12:44 PM, the Dietary Manager stated the unit should have been cleaned more frequently to avoid the dust build-up.5. The SOM Appendix PP revised 2/3/23, documented equipment can become contaminated in various ways including improper sanitation.On 3/20/26 at 1:02 PM, it was observed in the Resident D-Wing, Refrigerator, brown spots were located on the interior door and back wall of the refrigerator. On 3/20/26 at 1:04 PM, the Dietary Manager stated housekeeping is responsible for cleaning the refrigerators and should do it daily. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interviews, it was determined the facility failed to ensure infection control practices were followed for donning and doffing PPE during an Influenza-A outbreak, compromising safe infectionˆcontrol practices. This failure affected all residents who received care and services, and the potential for adverse outcomes related to crossˆcontamination when staff created an environment where Influenza-A spread to multiple resident's on different halls. Findings include:The Lippincott Nursing Center article Isolation Precautions (June 2025), accessed 3/25/26, documented the goal of droplet precautions is to prevent transmission of infectious organisms spread by droplets through close respiratory or mucousˆmembrane contact. The article documented droplet precautions include:Private room or cohortWear a mask (surgical or isolation) if working within 3 feet of the patient or for all entries into the roomDroplet mask on the patient when leaving the roomLimit transport to essential purposesFollow respiratory hygiene/cough etiquetteGown and gloves as per standard precautionsIndications include infections such as seasonal influenza, pertussis, rhinovirus, and others.1. On 3/16/26 at 11:45 AM, CNA #3 was observed entering room [ROOM NUMBER] to assist a resident on droplet precautions wearing goggles and one glove. She picked up the urinal from A-beds nightstand and emptied it in the restroom. CNA #3 then proceeded to return the urinal to the nightstand with no gloves on. She walked over to Bˆbed, applied gloves without performing hand hygiene picked up the second urinal, emptied it, and returned it to the bedside. After exiting the room, she removed her gown and gloves and performed hand hygiene. CNA #3 then removed her goggles and placed them into the storage bin. CNA #3 was not observed wearing a gown or sanitizing the multi-use goggles.<br><br>On 3/16/26 at 11:46 AM, CNA #3 confirmed she should have performed hand hygiene before applying gloves and she should not have placed goggles back into the bin without sanitizing them. She proceeded to take the multi-use goggles out of the bin and after checking two PPE bins in the hall, CNA #3 stated the facility had not provided sufficient sanitation wipes to clean the multi-use goggles.<br><br>2. On 3/17/26 at 8:48 AM, the SDC was observed exiting room [ROOM NUMBER]. She removed her PPE, performed hand hygiene, applied clean gloves, used an alcohol wipe to wipe down the multi-use goggles, and placed them back in the storage bin. When asked what the contact time was, she stated goggles should remain out of the PPE bin on a clean barrier until dry or for 2 minutes, whichever occurs first.<br><br>On 3/17/26 at 8:50 AM, the SDC confirmed she did not allow for the multi-use goggles to remain out of the PPE bin for the required contact time before being placed back into the bin.<br><br>3. On 3/15/26, the facility began infection prevention precautions for residents who had tested positive for COVID-19 and influenza A.<br><br>On 3/16/26 at 10:57 AM, the following rooms were considered positive for influenza A and had droplet precaution signage directing staff to wear face masks and clean hands before entering rooms: 401, 404, 405, and 408.<br><br>On 3/17/26 at 9:56 AM, room [ROOM NUMBER] was considered positive for influenza-A.<br><br>On 3/17/26 from 9:56 through 10:10 AM, the Activities Assistant was observed consecutively entering Influenza A positive and negative rooms, offering coffee and coloring sheets to the residents, (continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | performing hand hygiene between rooms, but without changing her mask:<br><br>She entered positive rooms [ROOM NUMBERS].<br><br>She entered negative rooms [ROOM NUMBER].<br><br>She entered positive rooms [ROOM NUMBERS].<br><br>She entered negative rooms [ROOM NUMBERS].<br><br>She entered positive room [ROOM NUMBER].<br><br>She entered negative room [ROOM NUMBER].<br><br>On 3/17/26 at 10:01 AM, the Activities Assistant stated she was not performing cares, so she did not need to wear a gown, and she only needed to perform hand hygiene when entering a resident's room, her mask did not need to be changed.<br><br>On 3/17/26 at 12:14 PM, the IP confirmed the facility should have implemented precautions to include hand hygiene, face mask, gown, eye protection, and gloves.<br><br>On 3/18/26 at 5:00 PM, the DON confirmed new positive influenza A cases for the roommates of rooms [ROOM NUMBERS], and for rooms [ROOM NUMBERS]. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0921<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>Based on observation and staff interview, it was determined the facility did not ensure resident shower areas were maintained in a clean and sanitary condition. This failure affected 1 of 1 shower rooms observed and created the potential for harm if residents were exposed to black microbial substances on the grout of the shower walls. Findings include: On 3/20/26 at 9:33 AM, during an inspection of a resident shower room, a black substance was observed on the lower portion of the shower wall.On 3/20/26 at 9:36 AM, the Maintenance Director used the tip of a thermometer to scrub the black substance and stated, the shower is not clean.On 3/20/26 at 9:57 AM, the Housekeeping Director stated the showers are scheduled to be cleaned daily and confirmed the shower room was not clean. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, it was determined the facility failed to ensure residents were treated with dignity and respect. This was true for 1 of 1 residents (Resident #15) observed during cares. This deficient practice placed residents at risk of embarrassment and diminished sense of worth. Findings include: Resident #15 was admitted to the facility on [DATE] with multiple diagnoses including cognitive communication deficit, history of Transient Ischemic Attack (TIA- a temporary blockage of blood flow to the brain, causing stroke-like symptoms-such as weakness, confusion, or vision loss), adult failure to thrive, and dementia.Resident #15's Annual MDS assessment dated [DATE] documented, Resident #15 had a BIMS score of 5 indicating she was severely cognitively impaired.On 3/17/26 at 3:49 PM, Resident #15 was observed sitting in bed watching TV with blankets folded back and linens soiled with stool. A distinct odor of stool was noted and brown colored stool was observed leaking out of the left side of the incontinence brief. Resident #15 pointed to her incontinence brief and said mess. When asked how long she had been soiled, Resident #15 stated she didn't know. When asked if Resident #15 used her call light to ask for help, Resident #15 didn't respond and shrugged her shoulders.On 3/17/26 at 4:44 PM, CNA #2 was observed entering Resident #15's room for bowel and bladder rounds. CNA #2 was observed performing incontinence care. Resident #15's window blinds were noted to be open with the courtyard visible during incontinence care. Resident #15's privacy curtain was noted to the left corner of the room above Resident #15's bed.On 3/17/26 at 5:02 PM, when asked if CNA #2 used the privacy curtain when providing cares for Resident #15, CNA #2 stated she did not use the privacy curtain. When asked about the open blinds observed during cares, CNA #2 stated resident's rooms could not be seen from outside.CNA #2 accompanied the surveyor outside to the courtyard. Resident #15 was observed through the open blinds lying in bed. When asked if Resident #15 was visible, CNA #2 stated she could see part of the resident through the open blinds and stated she should have closed the blinds or used the privacy curtain during cares. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, it was determined the facility failed to ensure residents were provided with an appropriate adaptive call light due to inability to use the push button call light. This was true for 1 of 1 residents (Resident #15) observed for accommodations. This deficient practice had the potential to cause harm when Resident #15 was not able to call for assistance when needed or experienced an adverse medical event that required attention. Findings include: Resident #15 was admitted to the facility on [DATE] with multiple diagnoses including cognitive communication deficit, history of TIA, adult failure to thrive, and dementia.Resident #15's Annual MDS assessment dated [DATE] documented, Resident #15 had a BIMS score of 5 indicating she was severely cognitively impaired.A Social Services progress note dated 3/9/26 documented, Resident #15 used her call light appropriately to make needs and preferences known.On 3/17/26 at 3:49 PM, upon entering Resident #15's room a distinct odor of stool was noted and brown colored stool was observed leaking out of the left side of her incontinence brief. Resident #15 pointed to her incontinence brief and said mess. When asked how long she had been soiled, Resident #15 stated she didn't know. When asked if Resident #15 used her call light to ask for help, Resident #15 didn't respond and shrugged her shoulders.On 3/17/26 at 4:44 PM, CNA #2 entered Resident #15's room and provided incontinence care.On 3/17/26 at 5:02 PM, when asked if Resident #15 could use the call light, CNA #2 stated Resident #15 was able to use the call light. When asked to have Resident #15 demonstrate how to use the call light, Resident #15 smiled at CNA #2 and the surveyors. CNA #2 then pointed to the call light and asked Resident #15 to use the call light. Surveyors asked CNA #2 not to point to the call light. CNA #2 asked Resident #15 again to use the call light and Resident #15 smiled at CNA #2 and the surveyors.Cross Reference F550 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, policy review, and staff interview, it was determined the facility failed to ensure residents received information and assistance to formulate an Advance Directive. This was true for 1 of 4 residents (Resident #74) reviewed for Advance Directive. This deficient practice created the potential for harm should residents' wishes regarding end of life or emergent care not be honored if they were incapacitated. Findings include:The facility's Advance Directives and Advance Care Planning policy reviewed 9/26/25, documented residents or their responsible parties receive materials concerning their rights under applicable laws to make decisions regarding their medical care, including the right to accept or refuse medical care, the right to accept or refuse medical/surgical treatment, organ donation requests, and the formation of advance directives upon admission.Resident #74 was admitted to the facility on [DATE], with multiple diagnoses including encephalopathy (malfunction of the brain that alters mental state, causing symptoms like confusion, memory loss and personality changes), diabetes, retention of urine and urinary tract infection.A Social Services assessment dated [DATE], documented Resident #74 did not have an Advance Directive. There was no documentation in her record she was provided with information to formulate an Advance Directive.On 3/18/26 at 10:45 AM, the SSD stated Resident #74 did not have an Advance Directive. The SSD stated Resident #74 and/or her representative should have been offered to formulate an Advance Directive. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>Based on record review and staff interview, it was determined the facility did not ensure provider notification was completed according to the physician's order for 1 of 2 residents (Resident #1) whose record was reviewed for provider notification. This failure created the potential for harm when elevated blood glucose levels were not communicated to the attending physician as required. Findings include:Resident #1 was admitted to the facility with multiple diagnoses, including diabetes, severe proteinˆcalorie malnutrition, and a need for assistance with personal care.A review of Resident #1's diabetic care plan, revised 1/22/26, directed staff to provide timely notification to the physician for any change in condition.A physician's order dated 2/2/26 directed staff to administer Insulin Aspart Injection Solution 100 units/mL per sliding scale as follows:0-150 = 0 units151-200 = 2 units201-250 = 4 units251-300 = 6 units301-350 = 6 units351-999 = 6 unitsIf greater than 351, give 6 units and notify the provider.A review of Resident #1's MAR dated 2/2/26-3/18/26 documented the following blood glucose levels:2/5/26 at 11:30 AM - 3842/5/26 at 5:30 PM - 3782/12/26 at 11:30 AM - 3662/16/26 at 11:30 AM - 3652/18/26 at 5:30 PM - 3622/24/26 at 5:30 PM - 5063/1/26 at 5:30 PM - 409which all met the threshold requiring provider notification.A request was made for documentation of provider notification related to the elevated blood glucose.On 3/19/26 at 7:29 PM, the DON confirmed via email she was unable to locate documentation that the provider had been notified. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, it was determined the facility failed to ensure a grievance was thoroughly investigated. This was true for 1 of 1 residents (Resident #52) reviewed for grievance investigations. This deficient practice created potential for psychosocial harm if residents' concerns were not investigated completed to avoid future occurrences. Findings include:Resident #52 was re-admitted to the facility on [DATE] with multiple diagnoses including Parkinson's disease, diabetes, hypothyroidism, pulmonary hypertension, and chronic kidney disease.On 8/2/25, a grievance was filed with the facility documenting 4 medication cups were found on Resident #52's bedside, labeled with her name. A review of Resident #52's MAR, dated 8/2/25, documented she had received her medications.On 8/4/25, the grievance investigation and response documented the residents involved had missed their medications and the LPN involved had been educated, and the provider was notified. No additional information was provided. On 3/20/26 at 12:05 PM, the Administrator stated there was no record of a medication error report or staff education related to medication storage, administration, and medications left at Resident #52's bedside and there should have been. Additionally, the staff involved was terminated for continued infractions. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility failed to ensure residents and/or their representatives were provided written notice of the facility's bed-hold policy. This was true for 3 of 6 residents (#5, #39, and #98) whose records were reviewed for discharges. This failure placed the residents at risk for psychosocial harm and possible financial distress when they were not provided documentation of the cost of holding their bed or their right to return to the facility. Findings include:<br>1. Resident #5 was admitted to the facility on [DATE] with multiple diagnoses including dementia, heart disease, and diabetes.<br><br>Resident #5's record documented she was hospitalized from [DATE]-[DATE]. Resident #5's record did not include documentation a bed-hold notification was provided to her or her representative.<br><br>On 3/20/26 at 10:07 AM, the Admissions Director stated, I spoke with [Resident #5's] POA, I did not provide a bed-hold document.<br><br>2. Resident #39 was admitted to the facility on [DATE], and readmitted on [DATE], with multiple diagnoses including hemiplegia and hemiparesis (complete paralysis on one side of the body, and partial weakness on the other side), COPD, ESRD, depression, bipolar disorder, and anxiety disorder.<br><br>A review of Resident #39's record documented she was admitted to the hospital on [DATE]. There was no documentation a bed-hold notification was provided to Resident #39 or her representative.<br><br>3. Resident #98 was admitted to the facility on [DATE] with multiple diagnoses including urinary tract infection, diabetes, heart failure, and chronic kidney disease.<br><br>A review of Resident #98's record documented she was admitted to the hospital on [DATE]. There was no documentation a bed-hold notification was provided to Resident #98 or her representative.<br><br>On 3/19/26 at 10:56 AM, the Administrator stated the facility did not have any record of a bed-hold notification being provided to Resident #39 or Resident #98. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility did not ensure residents assessments were accurately documented. This was true for 2 of 3 residents (#4 and #39) reviewed for MDS accuracy. This failure resulted in inaccurate transmission of assessment data, as Resident #4's MDS assessment documented the use of physical restraints, and Resident #39 did have a PASRR level II. Findings include: 1. Resident #4 was admitted to the facility on [DATE] with multiple diagnoses, including anxiety, depression, and a need for assistance with personal care.<br><br>A review of Resident #4's Quarterly MDS assessment dated [DATE] documented in Section P0100 (Physical Restraints) Resident #4 used restraints when in a chair or in bed, and the restraints were used less than daily.<br><br>On 3/20/26 at 8:47 AM, the DON confirmed that Resident #4's Quarterly MDS assessment was coded inaccurately regarding the use of physical restraints.<br><br>2. Resident #39 was admitted to the facility on [DATE] with multiple diagnoses including hemiplegia and hemiparesis, COPD, ESRD, depression, bipolar disorder, and anxiety disorder.<br><br>A review of Resident #39's record documented a PASSR level II had been completed on 7/13/21.<br><br>An Annual MDS assessment dated [DATE] documented at A1500, No, Resident #39 did not have a PASSR level II.<br><br>On 3/18/25 at 9:51 AM, the DON stated the Annual MDS assessment completed on 11/28/25 was not accurately filled out and it should have been marked, Yes at A1500. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, and staff interviews, it was determined the facility failed to provide a PASRR level II to the designated state agency. This was true for 1 of 2 residents (Resident #79) whose record was reviewed for PASRR documentation. This deficient practice created the potential for harm if Resident #79's coordination of care was not completed between the facility and the designated state agency, with interventions appropriately documented in Resident #79's care plan. Findings include:Resident #79 was admitted to the facility on [DATE] with multiple diagnoses including PTSD, anxiety, and depression.A PASRR level I, dated 3/27/25, documented Resident #79 did not document he have PTSD or an anxiety disorder.On 3/18/26 at 9:34 AM, the SSD stated Resident #79 should have had a corrected PASRR level I completed along with a PASRR level II, as Resident #79 had diagnoses of PTSD and anxiety. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, record review, and staff interview, it was determined the facility failed to revise residents care plans and to provide care conferences. This was true for 4 of 18 residents (#10, #69, #79, and #91) whose care plans were reviewed. This deficient practice created the potential for harm if resident's care plans were not updated to direct staff with appropriate care interventions for Resident #10, Resident #69, and Resident #91, and a potential for harm for Resident #79 when quarterly care conferences were not completed with the resident and/or their representative.<br>Findings include: The facility's Comprehensive Care Plan and Revisions policy, reviewed 8/29/25, documented care plans should be reviewed and revised when changes occur to update the plan of care to reflect the change in care delivery.<br><br>1. Resident #10 was admitted on [DATE] with multiple diagnoses including heart disease, difficulty walking, abnormal posture, and kyphosis (an exaggerated, forward-rounding curvature of the upper back, often appearing as a hunchback or severe slouch).<br><br>Resident #10's care plan documented the following:<br><br>Under Activities of Daily living; Ambulates with therapy only revised 12/12/25<br><br>Under Restorative Nursing; Walking Program #1 ambulate for 120-175 ft for 3-6 day per week for 15 min or as tolerated, revised 3/17/26<br><br>Under Activities of Daily Living; Resident to wear neck brace for ten minutes two times per day as tolerated. Staff to encourage use, initiated 6/23/23<br><br>On 3/17/26 at 10:41 AM, Resident #10 was observed in her room, her head was held at an angle to the right with her right hand frequently holding it up. A neck brace was not observed in her bedroom.<br><br>On 3/20/26, at 1:46 PM, the SDC stated, when Resident #10's new restorative program was initiated, the old directions Ambulate with therapy only should have been discontinued.<br><br>On 3/20/26, at 2:03 PM, the SDC stated, Resident #10's neck brace was discontinued in December 2025 and the care plan was not updated.<br><br>2. Resident #69 was admitted to the facility on [DATE] with multiple diagnoses including cellulitis of the right limb, muscle weakness, and a need for assistance with personal care.<br><br>A physician order dated 10/28/25 directed staff to apply offloading boots to both feet at all times.<br><br>A review of Resident #69's care plan did not include documentation of the physicianˆordered intervention requiring offloading boots to be applied at all times.<br><br>Resident #69 was observed not wearing her offloading boots on the following dates:<br><br>3/18/26 at 11:23 AM<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 3/18/26 at 5:16 PM<br><br>3/19/26 at 9:33 AM<br><br>3/19/26 at 1:05 PM<br><br>On 3/19/26 at 2:05 PM, the DON confirmed that Resident #69's care plan did not include the offloading boots and stated the care plan should have been revised to reflect the intervention.<br><br>3. Resident #91 was admitted to the facility on [DATE] with multiple diagnoses including hemiplegia and hemiparesis following a stroke.<br><br>A progress note dated 2/27/26, documented Resident #91 transitioned to hospice services.<br><br>A review of Resident #91's care plan did not include documentation of the hospice/comfort care interventions.<br><br>On 3/19/26 at 1:18 PM, the ADON confirmed that Resident #91's care plan did not include hospice/comfort care interventions and stated the care plan should have been revised as soon as Resident #91 was admitted for hospice/comfort care services.<br><br>4. Resident #79 was admitted to the facility on [DATE] with multiple diagnoses including PTSD, anxiety, and depression.<br><br>A review of Resident #79's record did not document quarterly care conferences were completed in July and October 2025.<br><br>On 3/18/26 at 4:14 PM, the SSD stated care conferences for July and October 2025 were overlooked and not completed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, policy review, and staff interviews, it was determined the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice and comprehensive person-centered care plan. This was true for 2 of 18 residents (#55 and #103) reviewed for standards of practice.Resident #55 had a wrong route of administration on two medication orders.Resident #103's vitals signs were not checked prior to administration of her anti-hypertensive medication.These failed practices created the potential for these residents to experience adverse effects when their medications were not administered according to physician's orders. Findings include:1. Resident #103 was admitted to the facility on [DATE] with multiple diagnoses including hypertension and acute pancreatitis.<br><br>The National Library of Medicine web page titled Metoprolol accessed on 3/25/26, documented blood pressure and heart rate should be measured at rest, during exercise, and before and after taking metoprolol.<br><br>A physician's order dated 3/10/26, documented Resident #103 was to receive the following medications including:<br><br>Lisinopril oral tablet 10 mg, give one tablet by mouth one time a day for hypertension. Hold for systolic blood pressure less than 100.<br><br>Metoprolol succinate extended-release oral tablet, give one tablet by mouth one time a day. Hold for heart rate less than 55 or systolic blood pressure less than 100.<br><br>On 3/19/26 at 8:45 AM, LPN #1 administered Resident #103's medications which included metoprolol ER 25 mg and lisinopril 10 mg. LPN #1 was not observed to check Resident #103's blood pressure and heart rate.<br><br>On 3/19/26 at 8:55 AM, LPN #1 stated Resident #103's vital signs were taken by the CNA earlier and it was 132/78. LPN #1 stated she did not check her vital signs since it was within the parameter of the physician's order. When asked if Resident #103's vitals signs should have been check prior to administration of her anti-hypertensive medications, LPN #1 stated I probably should have check it.<br><br>2. Resident #55 was admitted to the facility on [DATE] with multiple diagnoses including diabetes, kidney disease, and had an ileostomy (a surgical procedure that creates an opening (stoma) in the abdominal wall, bringing the end of the small intestine (ileum) to the surface to allow waste to exit the body).<br><br>The National Library of Medicine web page titled Nursing Rights of Medication Administration, accessed 3/25/26, documented the five traditional rights for medication administration are, Right Patient, Right Drug, Right Route, Right Time, Right Dose.<br><br>Resident #55's record documented the following orders:<br><br>Dulcolax Suppository 10 MG (Bisacodyl) Insert 10 mg rectally as needed for constipation, order date, 5/8/23<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Fleet Enema 7-19 GM/118ML (Sodium Phosphates) Insert 1 application rectally as needed for constipation, order date, 5/8/23<br><br>On 3/20/26 at 1:40 PM, the SDC agreed, Resident #55 should not have any orders to give medications rectally and the route on the bisacodyl and enema order are wrong. The SDC added Resident #55, should not even have those orders. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview it was determined the facility failed to ensure a resident was provided quality treatment and care in accordance with professional standards of practice related to timely physician response. This was true for 1 of 18 residents (Resident #98) whose record was reviewed for quality of care. This deficient practice created the potential for harm due to delayed medical intervention when Resident #98 experienced a change of condition. Findings include: The National Library of Medicine website accessed on 3/25/26, defined standard of care as the benchmark that determines whether professional obligations to patients have been met.Resident #98 was admitted to the facility on [DATE] with multiple diagnoses including urinary tract infection, diabetes, heart failure, and chronic kidney disease.A nursing progress note, dated 4/15/25 at 12:42 AM, documented an SBAR (Situation, Background, Assessment, Recommendation) note was sent to Resident #98's physician, identifying Resident #98 was hard to arouse and appeared somnolent (drowsy/sleepy), having slept most of the entire shift and eating no dinner, and that she might be showing signs and symptoms of sepsis or a [urinary tract infection], requesting the physician provide further evaluation and treatment.A nursing progress note, dated 4/15/25 at 3:45 PM, documented an SBAR to Resident #98's physician identifying symptoms of congestion, refusal of medication and food throughout the day, as she had been sleeping most of the day. The nursing progress note questioned if the physician could see the resident, get some laboratory work completed, or have a portable chest X-ray completed.On 4/15/25 at 4:10 PM, the nurse documented Resident #98 was found in bed catatonic (a set of neuropsychiatric symptoms characterized by severe abnormalities in motor activity, movement, and communication), and unresponsive when brought to the nurse at 3:20 PM. The nurse called the physician who approved sending Resident #98 to the emergency room via emergency transport. There was no documentation in Resident #98's record her physician communicated with the facility between the first SBAR at 12:24 AM and the second SBAR at 3:45 PM. On 3/20/26 at 8:31 AM, an email sent by the Administrator acknowledged the facility had no record the [physician] responded to the SBAR sent at 12:42 AM on 4/15/25 before the resident was sent to the ER. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of records, and interviews, it was determined the facility failed to ensure residents received appropriate treatment and services to increase range of motion and/or prevent further decrease in range of motion. This was true for 1 of 1 residents (Resident #9) reviewed for range of motion services. This failure created the potential for Resident #9 to experience a further decrease in mobility and function due to his refusals to participate in the restorative nursing program and to wear his right hand grip orthotic were not addressed accordingly. Findings include:The facility's Restorative Nursing policy reviewed 9/18/25, documented the following:Restorative Nursing Functions can be within one of the following categories: Range of Motion (Active and Passive), Splint or brace assistance, bed mobility, transfers etc.Communicate the restorative care plan and care directives to other members of the interdisciplinary team.The licensed nurse will conduct an evaluation on a routine basis to include progress towards goal and response to the program. Any change will be documented in the medical record.Resident #9 was admitted to the facility on [DATE] with multiple diagnoses including right-hand contracture and aphasia following a stroke.A care plan revised 7/11/25, directed staff to apply the right-hand grip splint to Resident #9 for eight hours as he can tolerate.An Occupational Therapy Discharge summary dated [DATE], documented, tolerating right grip orthotic (resting hand splint designed to support, position, and rehabilitate the hand and wrist) during the daylight hours, good follow through with staff application/removal and ROM that patient will allow. The discharge summary also documented Resident #9's prognosis to maintain his current level of function was excellent with consistent staff support.A Communication with Physician note dated 7/31/25, documented an SBAR the nurse was concerned as Resident #9 had constricted fingers that have led to skin maceration noted with odorous smell. It documented Resident #9 complained of pain and discomfort when staff tried to clean his hand. The physician recommended Resident #9 to be evaluated and treated by OT for his contractures.A Communication to Physician note dated 10/6/25, documented an SBAR the CNAs reported Resident #9 refused to wear his brace every day. He showed high level of pain when the staff tried to even put their fingers into his contracted hand. The note documented a recommendation, Re-evaluation for therapy options for resident.A Nursing Note dated 10/21/25 documented Resident refused to wear the brace, but he was using the carrot that was given to him from Physical Therapy.On 3/19/26 at 11:43 AM the OT with the DOR present, stated Resident #9 was referred to the Therapy department in July 2025 for feeding and right-hand contracture. The OT stated Resident #9 discharged from the therapy on 7/15/25 and he was provided with orthotic/splint to keep his fingers in a resting position and prevent further contraction. OT stated the orthotic splint had to be worn during the day as he can tolerate. When asked if Resident #9 was referred to therapy after 7/15/25, both the DOR and OT stated he was not referred to the therapy after his discharge on [DATE]. When asked how the orthotic splint was placed on Resident #9's right hand, OT stated it was placed between his fingers and the thumb. Resident #9's TAR documented he refused to wear his hand grip orthotic as follows:14 out of 31 days in 10/202521 out of 30 days in 11/202518 out of 31 days in 12/202522 out of 31 days in 1/202620 out of 28 days in 2/202615 out 19 days in 3/2026A Monthly Summary Report, dated 1/27/26 and 2/27/26, documented Resident #9 had right contractures, and he refuses to wear the hand grip orthotic.There was no further documentation in Resident #9's records, the physician, the therapy department, and/or his representative were notified of his refusal to wear the grip orthotic after 10/6/25.A Restorative Program Note dated 1/8/26 at 12:23 PM, documented, New program added for PROM to the right hand.A care plan initiated 1/8/26, directed staff to perform PROM to his right hand due to its tightness and approach him by asking if you can hold his hand.A Restorative Nursing Program Evaluation, dated 2/3/26 and 3/5/26, documented Resident #9 participated with restorative program this month. He had done the PROM<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | program for 2-15 minutes for 6-75 reps[etitions]. Will continue current program.On 3/20/26 at 9:44 AM, the Restorative Coordinator stated when a resident refused their RNA program, the expectation was to approach the resident at least three times and notify the nurse. The RNA Coordinator stated she was not aware of the length of time Resident #9 was unable to open his right hand. She stated Resident #9 was referred to RNA program in 1/2026 due to tightness of his right hand.On 3/20/26 at 10:21 AM, when asked if she was informed of Resident #9 refusing to wear his right-hand grip orthotic, the DON stated, I might have been, but I do not recall. The DON stated when a resident continued to refuse to wear their splint, they would refer to the therapy department. We will inform their representative. The DON stated, Yes, education would be provided to the resident and if the resident was cognitively impaired, then we will notify their representatives. The DON also stated the physician would also be notified.Cross reference F686 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>Based on record review and staff interview, it was determined the facility failed to ensure residents were free from significant medication errors. This was true for 1 of 1 residents (Resident #1) reviewed for physician orders. When the facility failed to administer insulin as ordered and administered an incorrect dose of morphine, creating the potential for uncontrolled blood sugars and overmedication. Findings include: 1.Resident #1 was admitted to the facility with multiple diagnoses, including diabetes, severe proteinˆcalorie malnutrition, and a need for assistance with personal care.a)A review of Resident #1's diabetic care plan, revised 1/22/26, directed staff to provide timely notification to the physician for any change in condition.A physician's order dated 2/2/26 directed staff to administer Insulin Aspart Injection Solution 100 units/mL sliding scale as follows:0-150 = 0 units151-200 = 2 units201-250 = 4 units251-300 = 6 units301-350 = 6 units351-999 = 6 units If greater than 351, give 6 units and notify the provider.A review of Resident #1's MAR dated 2/2/26-3/18/26 documented no insulin administrations or blood sugar checks on the following evening shifts:2/2/262/8/262/9/262/12/262/15/262/23/262/27/263/5/263/6/263/12/263/15/263/16/26On 3/19/26 at 5:35 PM, the DON confirmed Resident #1's insulin administration record contained multiple blanks. She provided documentation of blood sugar readings, but no documentation of insulin doses administered.b) A nursing progress note dated 3/4/26 at 5:31 PM, documented that Resident #1 was given the wrong dose of PRN morphine.Resident #1's record included the following physician orders:Morphine Sulfate Oral Tablet 15 mg: Give 0.5 tablet by mouth every 1 hour as needed for pain/dyspnea.Morphine Sulfate Oral Tablet 15 mg: Give 15 mg by mouth three times a day for pain.A medication error report dated 3/4/26 at 3:15 AM, documented the licensed nurse (LN) administered a full morphine tablet instead of the ordered half tablet. The report documented that Resident #1 asked the nurse whether he had been given a whole or half tablet and informed her he should have received only half.The LN verified the order, acknowledged the medication error, notified the provider, and monitored Resident #1 for adverse effects.The medication error report also documented the LN was educated on the importance of uninterrupted medication administration and adherence to the rights of medication administration.On 3/19/26 at 6:29 PM, the DON confirmed the medication error occurred and provided documentation of the LN's education. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 135122 | A. Building<br>B. Wing | 03/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Coeur D'Alene | 500 West Aqua Avenue<br>Coeur D'Alene, ID 83815 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0849<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it was determined the facility did not ensure hospice documentation was complete and available in the resident's medical record. This was true for 1 of 1 residents (Resident #1) reviewed for hospice services. The absence of required hospice documents created the potential for delayed or incomplete care due to lack of access to the hospice plan of care and current terminal certification. Findings include:Resident #1 was admitted to the facility with multiple diagnoses, including diabetes, severe proteinˆcalorie malnutrition, and a need for assistance with personal care.A review of Resident #1's hospice care plan, revised [DATE], documented he was receiving hospice services and had a Do Not Resuscitate (DNR) code status.A review of Resident #1's medical record showed no documentation of:A current hospice plan of care.A current terminal diagnosis certification.Both of which are required to initiate and maintain hospice services.On [DATE] at 4:03 PM, the surveyor requested the terminal certification and hospice plan of care.On [DATE] at 10:18 AM, the DON provided a terminal certification with a benefit period ending [DATE], which had expired 23 days earlier. The DON also provided the facilityˆgenerated care plan but did not provide a hospice plan of care.On [DATE] at 1:45 PM, the Administrator stated he did not have a current terminal certification or hospice plan of care in the resident's record and reported he would request the documents from the hospice agency. |