

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/05/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Post Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 460 North Garden Plaza Court Post Falls, ID 83854	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>39540</p> <p>Based on policy review, review of the staffing record and staff interview, it was determined the facility failed to ensure an RN was on duty for eight consecutive hours per day. This failure created the potential for harm if routine and/or emergency nursing needs went unmet and had the potential to affect all 64 residents living in the facility. Findings include:</p> <p>The facility's Staffing policy, documented The facility maintains adequate staff on each shift to meet residents' needs, posts daily staffing data and furnishes staffing information to the state as specified in the Federal regulations.</p> <p>The Posting of Licensed and Unlicensed Direct Care Staff, dated 1/1/24 through 6/30/24, documented there was no RN coverage on 1/27/24, 2/4/24, 2/10/24, and 3/3/24.</p> <p>On 7/4/24 at 1:23 PM, the DON reviewed the timecard information and stated there was no RN on duty during the 24-hour period on 1/27/24, 2/4/24, 2/10/24, and 3/3/24.</p> <p>On 7/4/24 at 1:30 PM, the Administrator stated there were significant issues at the beginning of the year for RN coverage on every 24-hour period. The Administrator stated there were no RN scheduled to work on 1/27/24, 2/4/24, 2/10/24, and 3/3/24. The Administrator stated there should be an RN in the building on those days.</p>

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
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