STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135142	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Coeur D'Alene	1578 W Riverstone Drive Coeur D'Alene, ID 83814

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 Level of Harm - Minimal harm or potential for actual harm 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. Based on interview, record review and policy review, the facility failed to revise one resident's (Resident (R) 46) comprehensive care plan reviewed in the sample of 20 residents to reflect the discontinued TED hose compression stockings and the initiated application of Tubi-Grip support bandage. This failure had the potential to result in inconsistent care and failure to provide staff with accurate guidance regarding the residents' compression treatment needs. Findings include: Review of R46's admission Record located in the electronic medical record (EMR) under the Resident tab revealed an admission date of 02/10/25 with a diagnoses of fracture of the shaft of the right femur, lymphedema, and osteoporosis, Review of R46's admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 02/04/25 located in the EMR under the MDS tab included a Brief Interview for Mental Status (BIMS) score of seven out of 15, which indicated severe cognitive impairment. Review of R46's Care Plan located in the EMR under the Care Plan tab dated 02/23/25 indicated, Actual Impaired Skin Integrity related to: Edema to BLE [bilateral lower extremity], Pooling edema to RLE [right lower extremity] and R [right] heel. The interventions did not indicate the use of the TED hose had been discontinued and that Tubi-Grip support bandage was being used instead. Review of R46's Physician's Order Summary located in the EMR under Orders tab revealed a start date 02/17/26 order for [NAME] Hose on in AM [morning], off in PM [evening] (knee high) twice a day Further review of the same Physician's Order Summary revealed the [NAME] Hose was discontinued on 02/19/25. Review of the Physician's follow up note dated 02/21/25 under Assessment and Plan tab in the EMR revealed, .b. elevation/TED encouraged.Addendum, aware of BLE edema severity that TED removed and tubigrip (sic) were being utilized. Interview on 05/21/25 at 2:37PM, Licensed Practical Nurse Clinical Nurse Manager (LPN CN1) confirmed that R26's TED hose compression stockings were ordered and were discontinued on 02/19/25 and the use of Tubi-Grip bandage instead of the TED hose. LPNCN 1 confirmed that R46's care plan should have been updated and revised. Review of the facility's policy titled Comprehensive Care Plan dated 07/25/2023 indicated, Policy, The facility will develop a comprehensive person-centered care plan.based on patient strengths and preferences.7. The care plan should be evaluated to determine if current interventions are being followed and if they are effective in attaining identified goals and the care plan should be modified as needed. Goals should be modified as needed based on new information and responses to current interventions. Modify the current care plan and add new or additional interventions as needed.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interviews, record review, and policy review, the facility failed to ensure safe transportation for one of three residents (Resident (R)25) reviewed for accidents. Specifically, when R25 was transported to an outside appointment in the facility, van the resident slid off her wheelchair onto the van floor during transport, resulting in a laceration/abrasion injury. This failure had the potential to place residents at risk for injury during transportation. Findings include: Review of R25's admission Record located in the electronic medical record (EMR) underthe Resident tab revealed an admission date of 04/06/26 with a diagnoses of acute pancreatitis with infected necrosis, hepatic encephalopathy, hypertensive chronic kidney disease, Type 2 diabetes mellitus, atrial fibrillation, and hypothyroidism. Review of R25's admission Minimum Data Set (MDS) with an assessment reference date (ARD) of 04/12/26 located in the EMR under the MDS tab included a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicated she was cognitively intact. Review of R25's Care Plan located in the EMR under the Care Plan tab dated04/10/26 indicated, .at risk for falls related to history of falls, balance and functional deficits, lowered to floor in facility van 04/20/26. Review of the facility's investigation report dated 04/20/26 revealed, . slid out of wheelchair while being transported in the facility van. During braking, the patient slid forward on the wheelchair cushion and off the chair onto the van floor. The patient sustained a minor abrasion and laceration. [R25] was transported via Emergency Medical Services (EMS) to a local hospital for further evaluation and treatment. Review of the Emergency Department (ED) Physicians Report dated 04/20/26 revealed, Chief Complaint. presents to ED from EMS after being in the back of a transport van on her way to a medical appt [appointment]. When the van slammed on breaks did not have her strapped in correctly and she slid out of her wheelchair and onto the ground. Pt [patient] reports lacerations to left knee, left upper arm, and tenderness to the back of her head and her back. Pt is A&O [alert and oriented] x [times] 4 [alert and oriented to person, place, time and situation], no neuro deficits noted. During an interview on 05/21/26 at 9:00 AM, the Administrator stated that the resident had repositioned and scooted forward in her wheelchair while the lap belt was being secured, which may have prevented the lap belt from being properly secured across the resident's waist. The Administrator further stated that an inspection of the wheelchair, van, lap belt, and vehicle transportation securement devices were functioning appropriately at the time of the incident. Interview on 05/21/26 at 10:30 AM, the Transportation Driver 1 (TD1) stated that on 04/20/26 while transferring R25 to an outside appointment he applied the brakes when stopping at a stop sign within the facility parking lot. TD1 stated R25 and the wheelchair cushion shifted forward, resulting in the resident sliding behind the lap belt and onto the floor of the van. TD1 further stated that R25 had shifted her position while sitting on the wheelchair when he was securing the lap belt around her waist. TD1 stated that he tugged on the end of the lap belt and ensured that the lap belt was locked and secured in place and had no idea as to how R25 slid off her wheelchair. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy titled Transportation dated 09/10/2024 revealed, Medically necessary, non-emergent transportation services will be provided and arranged by the facility. Procedure 4 e Ensures the safe and hazard-free loading and unloading of the patient. B. Transportation safety,. 2. The patient in the vehicle is secured wearing a working harness while the vehicle is in motion.