

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2026
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Coeur D'Alene		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and policy review, the facility failed to ensure shelves, trash cans, and equipment throughout the kitchen were kept clean and/or in good repair and foods were stored, labeled and dated. The failures had the potential to increase the prevalence and spread of foodborne illness and infection for all 29 of 29 residents who received meals prepared in the facility's only kitchen. Findings include: During the dietary tour on 05/18/26 at 9:25 AM, the following observations were made with the Dietary Aide (DA): 1.An open 1 pound box of corn starch in an unsealed plastic storage bag on a shelf in the food preparation area.2.White dry powder substance around the dry storage containers of flour and sugar on the shelf in the food preparation area. 3.In the chest freezer, six unlabeled dated cups with lids that had open drink spouts. 4.Three small trash cans located by the hand washing sinks were observed with dirty lids.5.In the walk in freezer, seven unlabeled, undated plastic cups on a shelf. Three were uncovered and four were covered with plastic. 6.The plate storage area on the serving line contained food and grease residue. During the dietary tour and interview on 05/21/26 at 10:59 AM, the following observations were made with the Dietary Manager (DM):1.An open box of corn starch in an unsealed plastic storage bag on a shelf in the food preparation area. The DM confirmed the box should not have been left open.2.White dry powder substance around the dry storage containers of flour and sugar on the shelf in the food preparation area. The DM confirmed the shelf should be clean of spilled flour and sugar. 3.In the chest freezer, six unlabeled dated cups with lids that had open drink spouts were o observed. The DM stated the cups were milkshakes and that they should have been labeled. The DM stated that they should not have been placed with the opening in the lid. 4.Three small trash cans located by hand washing sinks were observed with dirty lids. The DM confirmed the trash can lids were dirty. 5.The plate storage area on the serving line contained food and grease residue. The DM confirmed the plate storage area contained food and grease residue. Review of the facility's policy titled, Cleaning and Sanitation of Dining and Food Service Areas dated 2021 indicated, The food and nutrition services staff will maintain the cleanliness and sanitation of the dining and food service areas .		

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