



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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February 27, 2015

Richard Davis, Administrator
Boise Group Home #3 Holt
PO Box 4243
Boise, ID 83711

RE: Boise Group Home #3 Holt, Provider # 13G034

Dear Mr. Davis:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Boise Group Home #3 Holt, which was concluded on February 19, 2015.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. 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,

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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction.
For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 12, 2015**, and keep a copy for your records.

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 the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by March 12, 2015. If a request for informal dispute resolution is received after March 12, 2015, 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 our staff during our visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,



MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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

Printed: 02/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #3 HOLT		STREET ADDRESS, CITY, STATE, ZIP CODE 9874 WEST HOLT STREET BOISE, ID 83704		
(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	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type V (000) wood frame construction with a composite pitched roof and three exits to grade. The facility was converted during the spring of 2008 with plan review in May 2008. It is fully sprinklered with an NFPA 13D system and has a fire alarm/smoke detection system as well as, battery operated emergency lighting. Currently it is licensed for 5 ICF beds.</p> <p>The facility was found to be in substantial compliance with applicable Fire/Life Safety requirements during the annual life safety code survey conducted on February 19, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470.</p> <p>The annual life safety code survey was conducted by:</p> <p>Nathan Elkins Health facility Surveyor Fire Life Safety & Construction</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE




3/5/15

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: 13G034	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2015
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NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #3 HOLT	STREET ADDRESS, CITY, STATE, ZIP CODE 9874 WEST HOLT STREET BOISE, ID 83704
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M 000	16.03.11 Initial Comments The facility is a single story, type V (000) wood frame construction with a composite pitched roof and three exits to grade. The facility was converted during the spring of 2008 with plan review in May 2008. It is fully sprinklered with an NFPA 13D system and has a fire alarm/smoke detection system as well as, battery operated emergency lighting. Currently it is licensed for 5 ICF beds.	M 000		
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The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on February 19, 2015. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 32, New Residential Board and Care Occupancies, and in accordance with IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities.

The Survey was conducted by:

Nathan Elkins
Health Facility Surveyor
Fire Life Safety & Construction

The manager will monitor the status of each fire extinguisher during the time of the monthly fire drill by reviewing Fire Drill Report. The Fire Drill report has been modified to direct staff to visually check each fire extinguisher tag for a monthly initial indicating that manager has done inspection

The manager has initial responsibility to review report and inspect the extinguisher if found deficient, Effective 3/5/2015.
Enclosed is fire drill report.

MM325	16.03.11.110.02(f) Fire Extinguishers Portable fire extinguishers must be installed throughout the facility in accordance with applicable NFPA Standard #10, "Installation of Portable Fire Extinguishers." This RULE: is not met as evidenced by: Based on observation it was determined that the facility failed to inspect the portable fire extinguishers in accordance with NFPA 10. Monthly inspections of portable fire extinguishers helps to ensure that they are located at their designated location and their reliability to operate in the event they may be needed. This deficiency	MM325		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

3/5/15

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MM325	Continued From Page 1 affected five clients, staff and visitors present on the day of the survey. Findings include: During a tour of the facility on February 19, 2015 between 8:30 A. M and 3:30 P. M, observation of the laundry room and dining room portable fire extinguishers inspection tags affixed to the extinguishers indicated that no monthly inspections were conducted since December 2014. The facility is licensed for five ICF beds. Actual NFPA Standard: NFPA 10 Standard for Portable Fire Extinguishers 1998 Edition 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.	MM325		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.