



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Eder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

October 9, 2015

Thair Pond, Administrator
Tomorrow's Hope-- Deb
1655 Fairview Ave, Suite 100
Boise, ID 83702

RE: Tomorrow's Hope-- Deb, Provider #13G083

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Tomorrow's Hope-- Deb, on October 7, 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 similar form stating that no State licensure deficiencies were noted at the time of the survey.

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,

A handwritten signature in black ink, appearing to read "MPG", followed by a long horizontal line extending to the right.

MARK P. GRIMES
Supervisor
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

Printed: 10/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G083	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DEB B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2015
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - DEB		STREET ADDRESS, CITY, STATE, ZIP CODE 3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646		
(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 Deb facility is single story building of Type V(000) unprotected construction, approximately 2,800 square feet with an exterior storage shed that is not connected. The building has a complete automatic sprinkler system that was installed in accordance with NFPA 13 R, with coverage throughout including closets and bathrooms. There is a supervised automatic fire alarm system with smoke detection throughout and manual pull stations are located at each of the three exits to grade. The fire alarm system is interconnected with the sprinkler system and was initially tested/approved on September 25, 2013. The facility is licensed for eight ICF/MR beds with a census of six on date of survey.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life safety survey conducted on October 6 and 7, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32 New Residential Board and Care Occupancies, Impractical Evacuation Capabilities, adopted March 11, 2003 in accordance with 42 CFR 483.470.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		

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

TITLE

(X6) DATE

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.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G083	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DEB B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2015
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M 000	<p>16.03.11 Initial Comments</p> <p>The Deb facility is single story building of Type V(000) unprotected construction, approximately 2,800 square feet with an exterior storage shed that is not connected. The building has a complete automatic sprinkler system that was installed in accordance with NFPA 13 R, with coverage throughout including closets and bathrooms. There is a supervised automatic fire alarm system with smoke detection throughout and manual pull stations are located at each of the three exits to grade. The fire alarm system is interconnected with the sprinkler system and was initially tested/approved on September 25, 2013. The facility is licensed for eight ICF/MR beds with a census of six on date of survey.</p> <p>The facility was found to be in substantial compliance during the annual Fire/Life safety survey conducted on October 6 and 7, 2015. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32 New Residential Board and Care Occupancies, Impractical Evacuation Capabilities, adopted March 11, 2003 in accordance with 42 CFR 483.470 and IDAPA 16.03.11, Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID's).</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000		

Idaho form

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