



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 Eider 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-- Meridian
1655 Fairview Avenue, Suite 100
Boise, ID 83702

RE: Tomorrow's Hope-- Meridian, Provider #13G033

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-- Meridian, on October 7, 2015.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies. If applicable, a similar State Form will be provided listing licensure health 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,

Thair Pond, Administrator
October 9, 2015
Page 2 of 2

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 **October 22, 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:

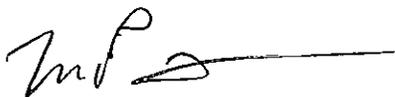
www.icfinr.dhw.idaho.gov

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 October 22, 2015. If a request for informal dispute resolution is received after October 22, 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
Fire Life Safety & 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

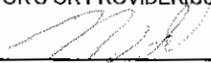
| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - MERIDIAN | STREET ADDRESS, CITY, STATE, ZIP CODE 1821 GREENHEAD MERIDIAN, ID 83642 |
|---|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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|-------|---|-------|--|--|
| K 000 | INITIAL COMMENTS The facility is a single story, type V (000) building built in 1997. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for seven ICF/ID beds. The following deficiencies were cited at the above facility 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 33, Existing Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470. The survey was conducted by: Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program | K 000 | | |
| K0046 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 This Standard is not met as evidenced by: Based on observation and interview, the facility failed to ensure that electrical installations and equipment were in accordance with NFPA 70. Failure to ensure electrical systems are properly installed could result in fire by arcing or electrocution. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 7 ICF/ID beds and had a census of 7 on the day of the survey. | K0046 | <i>K0046</i> <i>Relocatable power tap to be removed. Power and water for to be plugged into appropriate outlet</i> <i>These deficiencies reported on 10/30/15</i> <i>Home Manager to check for compliance during weekly health check</i> <i>Monitored during monthly CP</i> <i>Program Director responsible by 10/30/15</i> | |

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OCT 23 2015

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE <i>Home</i> | (X6) DATE <i>10/25/15</i> |
|--|----------------------|------------------------------|

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.

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: 13G033 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____ | (X3) DATE SURVEY COMPLETED 10/07/2015 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - MERIDIAN | | STREET ADDRESS, CITY, STATE, ZIP CODE 1821 GREENHEAD MERIDIAN, ID 83642 | | |
| (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 |
| K0046 | Continued From page 1 Findings include: During the facility tour conducted on October 6, 2015 from 11:00 AM to 12:30 PM, observation of the garage area revealed a full sized freezer and coffee pot utilizing a relocatable power tap as an extension cord. This power tap was also observed to be hanging from a binder clip on the bulletin board. Interview of staff revealed they were not aware the power tap was not listed for such installation. Actual NFPA standard: NFPA 70 110.3 Examination, Identification, Installation, and Use of Equipment. (A) Examination. In judging equipment, considerations such as the following shall be evaluated: (1) Suitability for installation and use in conformity with the provisions of this Code FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling. (2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided (3) Wire-bending and connection space (4) Electrical insulation (5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service | K0046 | | |

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| K0046 | Continued From page 2 (6) Arcing effects (7) Classification by type, size, voltage, current capacity, and specific use (8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling. 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.8. (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as otherwise permitted in this Code | K0046 | | |

Bureau of Facility Standards

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| M 000 | <p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (000) building built in 1997. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for seven ICF/ID beds.</p> <p>The following deficiencies were cited at the above facility 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 33, Existing Residential Board and Care Occupancies, in accordance with 42 CFR, 483.470 and IDAPA 16.03.11 Intermediate Care Facilities for People with Intellectual Disabilities.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p> | M 000 | | |
| MM169 | <p>16.03.11700 Physical Environment</p> <p>The requirements of Sections 700 through 799 of these rules are modifications and additions to the requirements in 42 CFR 483.470 - 483.470(1)(4), Condition of Participation: Physical Environment, incorporated in Section 004 of these rules. Other documents incorporated in Section 004 of these rules related to an ICF/ID physical environment - are the NFPA 's Life Safety Code and IDAPA 07.03.01, " Rules of Building Safety. "</p> <p>This Rule is not met as evidenced by: Refer to Federal "K" tags:</p> | MM169 | <p><i>MM169</i> <i>Refer to K 046</i></p> <p>RECEIVED OCT 24 2015 FACILITY STANDARDS</p> | |

Idaho form

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

TITLE

(X6) DATE

Shirley Stiles *Administrative*

10/15/15

Bureau of Facility Standards

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| MM353 | <p>K-048 Electrical installations</p> <p>16.03.11741.03(e) Automatic Sprinkler</p> <p>The facility ' s automatic sprinkler systems, if installed, must be serviced at least annually by an authorized servicing agency. Servicing must be in accordance with the applicable provisions of NFPA Standard 25, " Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. " Facilities protected by an NFPA 13D sprinkler system must be serviced and tested annually by an authorized servicing agency to include a visual inspection of all heads, testing of all water flow and tamper devices at a minimum.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to ensure that sprinkler systems were maintained in accordance to NFPA 25. Failure to maintain sprinkler systems could result in a lack of system performance during a fire event. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 7 ICF/ID beds and had a census of 7 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on October 6, 2015 from 11:00 AM to 12:30 PM, observation of the pantry and the bedroom directly adjacent to the pantry revealed each area had one (1) sprinkler head loaded with lint.</p> <p>Actual NFPA standard:</p> <p>NFPA 25</p> <p>2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1*</p> | MM353 | <p><i>MM353</i></p> <p><i>Maintenance Supervisor</i> <i>to check sprinkler</i> <i>sprinklers</i></p> <p><i>Maintenance Supervisor</i> <i>by 10/26/15</i></p> <p><i>Home Manager will check for tamper devices weekly with monthly</i></p> <p><i>OK will monitor monthly</i></p> <p><i>Report Director</i> <i>10/26/15</i> <i>on 10/30/15</i></p> | |

Bureau of Facility Standards

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| | <p>Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> | | | |