# 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 Elder 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-- Nampa
1655 Fairview Avenue, Ste. 100
Boise, ID 83702

RE: Tomorrow's Hope-- Nampa, Provider #13G080

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-- Nampa, 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,

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.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 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

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - EXISTING BUILDING B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 13G080 | | 10/07/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TOMORROW'S HOPE - NAMPA | 2311 EAST ARUBA<br>NAMPA, ID 83686 |

| (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<br><br>Tomorrow's Hope Nampa is an approximate 3800 square foot type V (000) single story facility with attached garage. The facility is protected by a manual fire alarm system with smoke detection, an NFPA 13 R sprinkler system modified to provide coverage to all closets, bathrooms, and the garages. Heating and cooling is provided by a combination of forced air gas furnaces, and PTAC units. Battery operated emergency egress lighting and portable fire extinguishers are provided.<br><br>The facility is licensed for eight ICF/ID beds. The census was eight beds during survey.<br><br>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 of NFPA 101, the Life Safety Code, Chapter 32, New Residential Board and Care Occupancies, Small Facility, Impractical Evacuation Capability in accordance with 42 CFR 483.470.(j).<br><br>The surveyor conducting the survey was:<br><br>Sam Burbank<br>Health Facility Surveyor<br>Facility Fire Safety and Construction | K 000 | RECEIVED<br>OCT 21 2015<br>FACILITY STANDARDS<br><br>K0018 Door latch is to be repaired or replaced by maintenance by [illegible]<br><br>Home always in compliance and only a couple facility visits because only what we [illegible] during monthly QA<br><br>Home always [illegible] by [illegible] | [illegible] |
| K0018 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD<br><br>Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4<br><br>Doors are self-closing or automatic closing in | K0018 | | [illegible] |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [illegible] TITLE [illegible] (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.

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| K0018 | Continued From page 1<br>accordance with 7.2.1.8<br><br>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2.<br><br>This Standard is not met as evidenced by:<br>Based on observation and operational testing, the facility failed to ensure that bedroom doors would latch. Failure to maintain bedroom doors ~~to provide means of~~ latching could result in smoke and dangerous gases communicating ~~into client bedrooms affecting defend in place capabilities and those same by products of fire to pass from the room into the facility~~ affecting egress. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 8 ICF/ID beds and had a census of 8 on the day of the survey.<br><br>Findings include:<br><br>During the facility tour conducted on October 7, 2015 from 9:00 AM to 10:30 AM, observation and operational testing of bedroom doors revealed the door identified as "bedroom #5" would not latch when closed.<br><br>Actual NFPA standard:<br><br>NFPA 101<br>32.2.3.6.3<br>Doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. No doors shall be arranged to prevent the occupant from closing the door. | K0018 | DEVICES between SPACES. | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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| K0046 | Continued From page 2 | K0046 | | |
| K0046 | 483.470(j)(1)(i) LIFE SAFETY CODE STANDARD<br><br>Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1<br><br>This Standard is not met as evidenced by: Based on observation, the facility failed to ensure that electrical panels were maintained free of obstructions and accessible in accordance with NFPA 70. Failure to keep electrical panels accessible could inhibit safe operation of equipment during an emergency. This deficient practice affected all clients, staff and residents on the date of the survey. The facility is licensed for 8 ICF/ID beds and had a census of 8 on the day of the survey.<br><br>Findings include:<br><br>During the facility tour conducted on October 7, 2015 from 9:00 AM to 10:30 AM, observation of the electrical sub panel located in the garage revealed it was blocked by haphazard storage of supplies and client belongings.<br><br>Actual NFPA standard:<br><br>NFPA 101 9.1<br>9.1.2 Electric.<br>Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction<br><br>NFPA 70<br>110.26 Spaces About Electrical Equipment.<br>Sufficient access and working space shall be | K0046 | K0046<br>Obstructions in front of electrical panel to be removed<br>Manager Responsible<br>[illegible] | 10/30/15 |
| | | | House manager to check for compliance during weekly observation. Observations to be monitored during monthly QA<br>Program Director Responsible<br>[illegible] | 10/30/15 |

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| K0046 | Continued From page 3<br>provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons.<br>(A) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (2), and (3) or as required or permitted elsewhere in this Code.<br>(1) Depth of Working Space. The depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A)(1) unless the requirements of 110.26(A)(1)(a), (b), or (c) are met. Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed. | K0046 | | |

Bureau of Facility Standards

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| M 000 | 16.03.11 Initial Comments<br><br>Tomorrow's Hope Nampa is an approximate 3800 square foot type V (000) single story facility with attached garage. The facility is protected by a manual fire alarm system with smoke detection, an NFPA 13 R sprinkler system modified to provide coverage to all closets, bathrooms, and the garages. Heating and cooling is provided by a combination of forced air gas furnaces, and PTAC units. Battery operated emergency egress lighting and portable fire extinguishers are provided.<br><br>The facility is licensed for eight ICF/ID beds. The census was eight beds during survey.<br><br>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 of NFPA 101, the Life Safety Code, Chapter 32, New Residential Board and Care Occupancies, Small Facility, Impractical Evacuation Capability in accordance with 42 CFR 483.470.(j) and IDAPA 16.03.11 Intermediate Care Facilities for People with Intellectual Disabilities.<br><br>The surveyor conducting the survey was:<br><br>Sam Burbank<br>Health Facility Surveyor<br>Facility Fire Safety and Construction | M 000 | RECEIVED OCT 2 2015 FACILITY STANDARDS | |
| MM169 | 16.03.11700 Physical Environment<br><br>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 | MM169 | MM169 Refer to K0040 | |

Idaho form

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| [signature] | [signature] | 10/5/15 |

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| MM169 | Continued From Page 1<br><br>rules related to an ICF/ID physical environment are the NFPA ' s Life Safety Code and IDAPA 07.03.01, " Rules of Building Safety. "<br><br>This Rule is not met as evidenced by:<br>Refer to Federal "K" tags:<br><br>K-018 Bedroom door latches<br>~~K-048 Electrical utilities~~ Refer to K046 | MM169 | | |
| MM353 | 16.03.11741.03(e) Automatic Sprinkler<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that fire suppression systems were maintained. Failure to maintain suppression 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 8 ICF/ID beds and had a census of 8 on the day of the survey.<br><br>Findings include:<br><br>During the facility tour conducted on October 7, 2015 from 9:00 AM to 10:30 AM, observation of | MM353 | MM353 To be repaired by sprinkler contractor by [illegible] [illegible] design, a chart outlining each of systems to ensure it is in good repair. Logs will be kept [illegible] by monthly QA. Water Pressure [illegible] by [illegible] | [illegible] |

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| | 13G080 | A. BUILDING 01 - EXISTING BUILDING<br>B. WING _____ | 10/07/2015 |

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| MM353 | Continued From Page 2<br><br>the sprinkler riser located in the garage revealed standing water under the riser. Further observation indicated the water was coming from a leak in the middle of the drain valve. When identified, caregiver staff on site stated they were not aware of this leak.<br><br>Actual NFPA standard:<br><br>NFPA 25<br>1-11 Maintenance.<br>1-11.1<br>Maintenance shall be performed to keep the system equipment operable or to make repairs. As-built system installation drawings, original acceptance test records, and device manufacturer ' s maintenance bulletins shall be retained to assist in the proper care of the system and its components.<br><br>1-11.2<br>Preventive maintenance includes, but is not limited to, lubricating control valve stems; adjusting packing glands on valves and pumps; bleeding moisture and condensation from air compressors, air lines, and dry pipe system auxiliary drains; and cleaning strainers. Frequency of maintenance is indicated in the appropriate chapter.<br><br>1-11.3<br>Corrective maintenance includes, but is not limited to, replacing loaded, corroded, or painted sprinklers; replacing missing or loose pipe hangers; cleaning clogged fire pump impellers; replacing valve seats and gaskets; restoring heat in areas subject to freezing temperatures where water-filled piping is installed; and replacing worn or missing fire hose or nozzles.<br><br>1-11.4 | MM353 | | |

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| MM353 | Continued From Page 3<br><br>Emergency maintenance includes, but is not limited to, repairs due to piping failures caused by freezing or impact damage; repairs to broken underground fire mains; and replacement of frozen or fused sprinklers, defective electric power, or alarm and detection system wiring. | MM353 | | |