



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
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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-- Navarro  
1655 Fairview Avenue, Suite 100  
Boise, ID 83702

RE: Tomorrow's Hope-- Navarro, Provider # 13G061

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Tomorrow's Hope-- Navarro, which was concluded 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 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 **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](http://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  
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

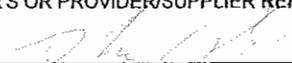
Printed: 10/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - NAVARRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>946 NORTHWEST 12TH MERIDIAN, ID 83642</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story Type V (000) residential building that was built in 1996. It is sprinklered in living spaces and closets with quick response heads. It has a complete fire alarm/smoke detection system. Currently the building is licensed for seven ICF-ID beds with a census of seven beds on date of survey.</p> <p>The facility was found to be in substantial compliance during the annual fire/life safety survey 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).</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p style="text-align: center;">RECEIVED OCT 21 2015 FACILITY STANDARDS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 
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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

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story Type V (000) residential building that was built in 1996. It is sprinklered in living spaces and closets with quick response heads. It has a complete fire alarm/smoke detection system. Currently the building is licensed for seven ICF-ID beds with a census of seven beds on date of survey.</p> <p>The following deficiencies were found during the fire/life safety survey 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.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000	<p>RECEIVED OCT 21 2015 FACILITY STANDARDS</p> <p><i>MM 324 laundry exhaust duct work to be replaced Maintenance Supervisor Responsible by 10/20/15</i></p>	
MM324	<p>16.03.11740.01(a) Structurally Sound, Maintained, and Equiped</p> <p>The facility must be structurally sound and must be maintained and equipped to assure the safety of the individuals who reside there, employees, and the public.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that ducting installations for laundry exhaust were in accordance with applicable standards. Failure to properly duct laundry exhaust could result in fires from excessive build up of combustible lint. This</p>	MM324	<p><i>Maintainance Supervisor to check for compliance at least monthly these months to what during monthly walk through</i></p>	

Idaho form

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

TITLE

(X6) DATE

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MM324	<p>Continued From Page 1</p> <p>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 1:30 PM to 2:30 PM, observation of the laundry area revealed the dryer duct was routed vertically through the ceiling and into the attic and subsequently to a roof discharge. Further observation revealed the duct entering the attic was a flexible duct of approximately 4 inches in diameter, and no transition collar was installed at the ceiling to separate the heat transfer from the ducting to the existing drywall. The discharge ducting appeared to be approximately 4" in diameter constructed of solid metal.</p> <p>Interview of the house manager and the caregiver staff indicated this installation was by the Maintenance Supervisor. Further interview of the Maintenance Supervisor revealed the vertical installation was completed due to problems related to the maintenance of the existing installed ducting in the crawl space.</p> <p>Actual NFPA standard:</p> <p>NFPA 101 4.5 FUNDAMENTAL REQUIREMENTS 4.5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.</p>	MM324	<p><i>Deficiencies will be resolved on house manager and reviewed by the monthly QA</i></p> <p><i>House Manager</i></p> <p><i>Maintenance Supervisor</i></p> <p><i>Responsible by 10/20/15</i></p>	

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MM324	Continued From Page 2  9.2.2 Ventilating or Heat-Producing Equipment. Ventilating or heat-producing equipment shall be in accordance with NFPA 91, Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids; NFPA 211, Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances; NFPA 31, Standard for the Installation of Oil-Burning Equipment; NFPA 54, National Fuel Gas Code; or NFPA 70, National Electrical Code, as applicable, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.  NFPA 91  2-4.5* Ducts shall lead directly to the point of termination. Terminations with discharge to the atmosphere shall be arranged safely.  2-4.10 Flexible ducts shall not be used in exhaust systems. Exception: Flexible ducts shall be permitted to be used at inlets where moveability or portability is required. Where used, they shall have strength equivalent to that of the connecting ducts.  2-6 Duct Clearances. 2-6.1 All ductwork and system components handling combustible material and operating at less than 140°F (60°C) shall have a clearance of not less than 18 in. (46 cm) from combustible construction or any combustible material. Exception No. 1: When the ductwork system is equipped with an approved automatic extinguishing system designed for the specific	MM324		

Idaho form

STATE FORM

021199

RG621

If continuation sheet 3 of 5

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MM324	Continued From Page 3  hazard, the clearance shall be permitted to be reduced to 6 in. (15 cm) from combustible materials and 1/2 in. (13 mm) from combustible construction. Exception No. 2: When the combustible material and construction is protected by the use of materials or products listed for protection purposes or in accordance with Table 2-6.1.	MM324		
MM353	16.03.11741.03(e) Automatic Sprinkler  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.  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.  Findings include:  1) During the facility tour conducted on October 6, 2015 from 1:30 PM to 2:30 PM, observation of the "Boys" bathroom revealed the sprinkler head was	MM353	<p><i>MM353</i></p> <p><i>Sprinkler to be replaced to meet regulations</i></p> <p><i>Maintenance Supervisor responsible</i></p> <p><i>in outside</i></p> <p><i>Head change to which no tamper at least monthly and deficiencies will be monitored monthly</i></p> <p><i>GP</i></p> <p><i>House Manager responsible</i></p> <p><i>in outside</i></p>	

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MM353	Continued From Page 4  corroded and filled with lint.  2) During the facility tour conducted on October 6, 2015 from 1:30 PM to 2:30 PM, observation of the southwest bedroom revealed the sprinkler head was filled with lint.  Actual NFPA standard:  NFPA 25  2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1* 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. Exception No. 1*: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.	MM353		