



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
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Boise, ID 83720-0009
PHONE 208-334-6626
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October 9, 2015

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

RE: Tomorrow's Hope-- Sapphire, Provider #13G038

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-- Sapphire, 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.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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2015
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NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - SAPPHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 2154 SAPPHIRE PLACE MERIDIAN, ID 83642
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K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, type V (III) 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 six ICF/ID beds. The census was six on date of survey.</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 Occupancy, Impractical Evacuation Capability, 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 surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000		
K0012	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>IMPRACTICAL Buildings are of any construction type in accordance with 8.2.1 other than Type II (000), Type III (200), or Type V (000) construction. 33.2.1.3.3.</p> <p>Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5 are permitted to be of any type of construction.</p> <p>This Standard is not met as evidenced by:</p>	K0012	<p><i>K0012</i></p> <p><i>Note above electrical panel to be repaired.</i></p> <p><i>Monitor person responsible for repairs.</i></p> <p><i>10/15/15</i></p> <p>RECEIVED</p> <p>10/15/2015</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>[Title]</i>	(X6) DATE <i>10/15/15</i>
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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.

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K0012	<p>Continued From page 1</p> <p>Based on observation and interview, the facility failed to ensure that penetrations in walls, maintaining the smoke and fire resistive properties of the facility construction. Failure to ensure the smoke and fire resistive properties of the facility could allow smoke and dangerous gases to pass freely and add to the rapid development of fire in exposed wall cavities. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 6 ICF/ID beds and had a census of 6 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on October 6, 2015 from 2:30 PM to 3:30 PM, observation of the electrical sub-panel in the garage revealed an approximately three (3) inch wide by six (6) inch tall, triangular shaped hole in the wall above the panel, exposing the wall cavity and the wiring above the panel. Interview of the house manager indicated she was not aware of this hole.</p> <p>Actual NFPA standard:</p> <p>33.2.1.3.3 Impractical Evacuation Capability. Buildings shall be of any construction type in accordance with 8.2.1 other than Type II(000), Type III(200), or Type V(000) construction. Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system in accordance with 33.2.3.5 shall be permitted to be of any type of construction.</p> <p>8.2 CONSTRUCTION AND COMPARTMENTATION 8.2.1* Construction. Buildings or structures occupied or used in accordance with the individual occupancy</p>	K0012		

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K0012	Continued From page 2 chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building Exception: The requirement of 8.2.1(1) shall not apply to previously approved separations between buildings. (2) The least fire-resistive type of construction of the connected portions, if no such separation is provided	K0012		
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 were safe and in compliance 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 6 ICF/ID beds and had a census of 6 on the day of the survey.	K0046		

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K0046	<p>Continued From page 3</p> <p>Findings include:</p> <p>1) During the facility tour conducted on October 6, 2015 from 2:30 PM to 3:30 PM, observation of the office abutting the facility revealed the following use of relocatable power taps:</p> <p>a) At the desk area, three (3) relocatable power taps were used in series (daisy chained) together.</p> <p>b) A relocatable power tap was being used as an extension cord for the window air conditioning unit.</p> <p>c) A full-sized freezer and full sized refrigerator were plugged into a relocatable power tap hanging from wall outlet, using the power tap as the substitution for direct wiring.</p> <p>2) During the facility tour conducted on October 6, 2015 from 2:30 PM to 3:30 PM, observation of the main sub-panel located in the garage revealed the panel was blocked from access by haphazard storage of supplies and client belongings.</p> <p>3) During the facility tour conducted on October 6, 2015 from 2:30 PM to 3:30 PM, observation of the main sub-panel located in the garage revealed the panel had an open breaker slot with exposed wiring.</p> <p>Actual NFPA standard: Finding 1</p> <p>NFPA 70 110.3 Examination, Identification, Installation, and Use of Equipment. (A) Examination. In judging equipment, considerations such as the following shall be</p>	K0046	<p><i>K0046</i></p> <p><i>Relocatable power taps are to be removed</i></p> <p><i>Instructions in front of electrical panel to be removed</i></p> <p><i>Breaker slot on panel to be covered per instructions</i></p> <p><i>House Manager & Maintenance Supervisor responsible by 10/13/15</i></p> <p><i>Check other rooms Mon. Work during monthly QA Program Director responsible by 10/13/15</i></p>	

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: 13G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2015
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K0046	<p>Continued From page 4</p> <p>evaluated:</p> <p>(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.</p> <p>(2) Mechanical strength and durability, including, for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided</p> <p>(3) Wire-bending and connection space</p> <p>(4) Electrical insulation</p> <p>(5) Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service</p> <p>(6) Arcing effects</p> <p>(7) Classification by type, size, voltage, current capacity, and specific use</p> <p>(8) Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment</p> <p>(B) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.</p> <p>400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p>	K0046			

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K0046	<p>Continued From page 5</p> <p>(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.</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Finding 2</p> <p>110.26 Spaces About Electrical Equipment. Sufficient access and working space shall be 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.</p> <p>(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.</p> <p>(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.</p> <p>Finding 3</p> <p>110.12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner.</p> <p>(A) Unused Openings. Unused cable or raceway openings in boxes, raceways, auxiliary gutters, cabinets, cutout boxes, meter socket enclosures, equipment cases, or housings shall be effectively closed to afford protection substantially equivalent</p>	K0046		

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K0046	Continued From page 6 to the wall of the equipment. Where metallic plugs or plates are used with nonmetallic enclosures, they shall be recessed at least 6 mm (¼ in.) from the outer surface of the enclosure. (B) Subsurface Enclosures. Conductors shall be racked to provide ready and safe access in underground and subsurface enclosures into which persons enter for installation and maintenance. (C) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating.	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 (III) 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 six ICF/ID beds. The census was six on date of survey.</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 Occupancy, Impractical Evacuation Capability, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</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: Please refer to Federal "K" tags:</p>	MM169	<p><i>MM169</i> <i>Refer to</i> <i>K12 + K46</i></p> <p>RECEIVED OCT 21 2015 FACILITY STANDARDS</p>	

Idaho form

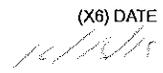
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE



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MM353	<p>K-012 Building construction K-046 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 fire suppression systems were maintained in accordance with NFPA 25. Failure to maintain suppression systems could result in 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 6 ICF/ID beds and had a census of 6 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 sprinkler system revealed:</p> <p>a) The sprinkler pendant above the main kitchen area was corroded and loaded with lint.</p> <p>b) The sprinkler pendant in the bathroom identified as "Bath #1" was corroded.</p> <p>c) The sprinkler pendant above the dining room table was loaded with lint.</p>	MM353	<p><i>MM353</i></p> <p><i>Sprinkler Heads will be cleaned or replaced to be in compliance</i></p> <p><i>Maintenance</i></p> <p><i>Service and responsible</i></p> <p><i>House Manager to check for compliance during weekly walk through & monitor during monthly OH</i></p> <p><i>Program Director responsible</i></p>	<p><i>10/13/15</i></p>

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	<p>Actual NFPA standard:</p> <p>NFPA 25 2-2 Inspection. 2-2.1 Sprinklers. 2-2.1.1*</p> <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>			