



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 Ecker Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
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February 17, 2016

Richard Davis, Administrator
Boise Group Home #8 Delmar 2
PO Box 4243
Boise, ID 83711

RE: Boise Group Home #8 Delmar 2, Provider #13G069

Dear Mr. Davis:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Boise Group Home #8 Delmar 2, on February 8, 2016.

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, option 3.

Sincerely,

A handwritten signature in black ink, appearing to read 'M.P. Grimes', with a long horizontal flourish 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: 02/16/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G069 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ENTIRE STRUCTURE B. WING _____ | (X3) DATE SURVEY COMPLETED 02/08/2016 |
|---|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #8 DELMAR 2 | | STREET ADDRESS, CITY, STATE, ZIP CODE 12495 WEST DELMAR STREET BOISE, ID 83713 | | |
| (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 facility is a single story, Type V(000) residential building built in 1984. The facility is fully sprinklered except in the attic and garage by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. Currently it is licensed for 6 ICF/MR beds.</p> <p>The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted in accordance with 42 CFR 483.470.(j)</p> <p>The facility was found to be in substantial compliance during the life safety code survey on February 8, 2016.</p> <p>The Survey was conducted by:</p> <p>Nate Elkins Health Facility Surveyor Facility Fire Safety & 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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G069 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ENTIRE STRUCTURE B. WING _____ | (X3) DATE SURVEY COMPLETED 02/08/2016 |
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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 built in 1984. The facility is fully sprinklered except in the attic and garage by a 13 D extinguishment system with Quick Response heads. There is a complete fire alarm/smoke detection system. Currently it is licensed for 6 ICF/MR beds.</p> <p>The facility was surveyed in accordance with applicable fire/life safety requirements set forth in the Life Safety Code, 2000 edition, Chapter 33, Existing Residential Board and Care Occupancy, Impractical Evacuation Capability. The survey was conducted in accordance with 42 CFR 483.470.(j) and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for People with Intellectual Disabilities</p> <p>The facility was found to be in substantial compliance during the life safety code survey on February 8, 2016.</p> <p>The Survey was conducted by:</p> <p>Nate Elkins Health Facility Surveyor Facility Fire Safety & Construction</p> | M 000 | | |

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE