



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 5, 2016

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

RE: Tomorrow's Hope - Deb, Provider #13G083

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 - Deb, on September 21, 2016.

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 5, 2016  
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 18, 2016**, 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 18, 2016. If a request for informal dispute resolution is received after October 18, 2016, 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,



Nate Elkins  
Supervisor  
Fire Life Safety & Construction Program

NE/lj

Enclosure

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

Printed: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DEB  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>
--	---

(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><b>INITIAL COMMENTS</b></p> <p>The Deb facility is single story building of Type V(000) unprotected construction, approximately 2,800 square feet with an exterior storage shed that is not connected. The building has a complete automatic sprinkler system that was installed in accordance with NFPA 13 R, with coverage throughout including closets and bathrooms. There is a supervised automatic fire alarm system with smoke detection throughout and manual pull stations are located at each of the three exits to grade. The fire alarm system is interconnected with the sprinkler system and was initially tested/approved on September 25, 2013. The facility is licensed for eight ICF/ID beds with a census of eight on date of survey.</p> <p>The following deficiencies were cited during the annual Fire/Life safety survey conducted on September 21 and 22, 2016. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32 New Residential Board and Care Occupancies, Impractical Evacuation Capabilities, adopted March 11, 2003 in accordance with 42 CFR 483.470.</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	K 000	<p><b>RECEIVED</b></p> <p><b>OCT 13 2016</b></p> <p><b>FACILITY STANDARDS</b></p> <p><i>K 0056 Replacement sprinklers to be acquired to ensure compliance 11/11/16 Admin Responsible</i></p> <p><i>Checks on # of spare sprinklers to be added to monthly review list and review at monthly QA at least quarterly. 11/15/16 Admin Responsible</i></p>	
K0056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p><b>PROMPT</b></p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1, 32.2.3.5.2. The adequacy of the water</p>	K0056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Sam Burbank</i>	TITLE <i>Admin</i>	(X6) DATE <i>10/11/16</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: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - DEB</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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
K0056	<p>Continued From page 1</p> <p>supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, is permitted. Facilities with more than eight residents are permitted. Facilities with more than eight residents are treated as two-family dwellings with regard to water supply. Additionally, entrance foyers are sprinklered.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to an Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW</p>	K0056		

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

Printed: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - DEB</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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
K0056	<p>Continued From page 2</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and initiates the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 32.2.3.5.5.</p>	K0056		

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

Printed: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DEB  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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
K0056	<p>Continued From page 3</p> <p><b>MPRACTICAL</b> Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and shall initiate the fire alarm system in accordance with 32.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 32.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler system in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Facilities with more than eight residents are treated as two family dwellings with regard to water supply.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stores in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stores in Height, are permitted. All habitable areas and closets are sprinklered.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. This Standard is not met as evidenced by: Based on observation, the facility failed to ensure</p>	K0056		

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

Printed: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - DEB</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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
K0056	<p>Continued From page 4</p> <p>that fire suppression systems were maintained in accordance with NFPA 25. Failure to provide the required number and type of replacement sprinklers could reduce full coverage of the suppression system during a repair, replacement, or following system activation. This deficient practice affected all clients, staff and visitors on the date of the survey. The facility is licensed for 8 ICF/IID beds and had a census of 8 on the day of the survey.</p> <p>Findings include:</p> <p>During the facility tour conducted on September 21, 2016 from approximately 10:00 AM to 11:00 AM, observation of the spare sprinkler pendant box located at the main fire suppression system riser revealed the box only contained 2 spare sprinkler pendants.</p> <p>Actual NFPA standard:.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>2-4 Maintenance. 2-4.1 Sprinklers. 2-4.1.4 A supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). Exception: Where dry sprinklers of different</p>	K0056		

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

Printed: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - DEB</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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
K0056	Continued From page 5 lengths are installed, spare dry sprinklers shall not be required, provided that a means of returning the system to service is furnished. 2-4.1.5 The stock of spare sprinklers shall be as follows: (a) For protected facilities having under 300 sprinklers -no fewer than 6 sprinklers (b) For protected facilities having 300 to 1000 sprinklers -no fewer than 12 sprinklers (c) For protected facilities having over 1000 sprinklers -no fewer than 24 sprinklers	K0056		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - DEB</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The Deb facility is single story building of Type V(000) unprotected construction, approximately 2,800 square feet with an exterior storage shed that is not connected. The building has a complete automatic sprinkler system that was installed in accordance with NFPA 13 R, with coverage throughout including closets and bathrooms. There is a supervised automatic fire alarm system with smoke detection throughout and manual pull stations are located at each of the three exits to grade. The fire alarm system is interconnected with the sprinkler system and was initially tested/approved on September 25, 2013. The facility is licensed for eight ICF/ID beds with a census of eight on date of survey.</p> <p>The following deficiencies were cited during the annual Fire/Life safety survey conducted on September 21 and 22, 2016. The facility was surveyed under the Life Safety Code, 2000 Edition, Chapter 32 New Residential Board and Care Occupancies, Impractical Evacuation Capabilities, adopted March 11, 2003 in accordance with 42 CFR 483.470 and IDAPA 16.03.11, Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID's).</p> <p>The survey was conducted by:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire Safety and Construction</p>	M 000		
MM274	<p>16.03.11731.01 Life Safety Code Requirements</p> <p>Each new ICF/ID must meet the provisions of the National Fire Protection Association (NFPA) Standard 101, The Life Safety Code, as</p>	MM274	<p>MM274 Refer to CMS K 0056</p>	

RECEIVED  
OCT 13 2016  
FACILITY STANDARDS

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

*Sam Burbank*

TITLE

*Adm*

(X6) DATE

*10/11/16*

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DEB  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/21/2016</b>
NAME OF PROVIDER OR SUPPLIER <b>TOMORROW'S HOPE - DEB</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3038 NORTH MERIDIAN ROAD MERIDIAN, ID 83646</b>		
(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) COMPLETE DATE
MM274	Continued From Page 1  incorporated in Section 004 of these rules, applicable to an ICF/ID, as specified below:  This Rule is not met as evidenced by: Please refer to Federal "K" tags on CMS 2567:  K-056 Sprinkler maintenance	MM274		