



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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January 17, 2014

Richard Davis, Administrator
Boise Group Home #2 Molly Court
PO Box 4243
Boise, ID 83711

RE: Boise Group Home #2 Molly Court, Provider #13G018

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 #2 Molly Court, on January 9, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar 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,
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

Richard Davis, Administrator
January 17, 2014
Page 2 of 2

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 **January 30, 2014**, 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 January 29, 2014. If a request for informal dispute resolution is received after January 29, 2014, 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

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

Printed: 01/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G018	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2014
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NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #2 MOLLY COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 10244 MOLLY COURT BOISE, ID 83709
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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>INITIAL COMMENTS</p> <p>The facility is a single story, Type V(000) residential building. It 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. It was built in June of 1984. 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.</p> <p>The following deficiencies were cited during the life safety code survey on January 9, 2014.</p> <p>The annual life safety code survey was conducted by:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety and Construction Program</p>	K 000		
K0152	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</p> <p>(1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to -</p> <p>(i) Ensure that all personnel on all shifts are trained to perform assigned tasks;</p> <p>(ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>(2) The facility must -</p> <p>(i) Actually evacuate clients during at least one drill each year on each shift;</p>	K0152		

RECEIVED
JAN 30 2014
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/29/14
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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.

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

Printed: 01/14/2014
FORM APPROVED
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NAME OF PROVIDER OR SUPPLIER BOISE GROUP HOME #2 MOLLY COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 10244 MOLLY COURT BOISE, ID 83709		
(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
K0152	<p>Continued From page 1</p> <p>(ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.</p> <p>(3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize.</p> <p>This Standard is not met as evidenced by: Based on record review it was determined that the facility did not conduct evacuation drills quarterly for each shift. Failure to adequately conduct drills for all shifts can result in clients and staff not being trained to act appropriately in an emergency. The facility is licensed for 6 ICF/ID beds.</p> <p>The findings include:</p> <p>During record review of the facility's evacuation drills on January 9, 2014 at 10:14 AM, it was determined that the facility did not conduct an evacuation drill for the first and second shift during the fourth quarter 2013. This deficiency affected all staff and clients present on the day of the survey.</p> <p>The findings were acknowledged by the Administrator at the exit interview on 01/09/14.</p>	K0152	<p><i>The home manager conducts fire drills. Her travel schedule to help in our N. Idaho homes has affected her daily routines in Boise. She has assigned a senior staff to conduct fire drills and will then review her work.</i></p> <p><i>Effective 2/1/14</i></p>	<i>2/1/14</i>

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M 000	16.03.11 Initial Comments The facility is a single story, Type V(000) residential building. It 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. It was built in June of 1984. Currently it is licensed for 6 ICF/MR beds. The survey was conducted in accordance with applicable fire/life safety requirements set forth in IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded (ICF/MR). The following deficiencies were cited during the life safety code survey on January 9, 2014. The annual life safety code survey was conducted by: Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety and Construction Program	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/ID facilities. This RULE: is not met as evidenced by: Refer to the following Federal "K" tags on the CMS - 2567: K152 Evacuation Drills.	MM309	<i>RECEIVED</i> <i>JAN 30 2014</i> <i>FACILITY STANDARDS</i> <i>SEE RESPONSE</i> <i>K0152</i>	

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

[Signature]

Administrator

1/29/14