



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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October 28, 2014

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

RE: Tomorrow's Hope - Armga, Provider #13G014

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 - Armga, on October 17, 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

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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 **November 9, 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 November 9, 2014. If a request for informal dispute resolution is received after November 9, 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/pmt

Enclosure

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

Printed: 10/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2014
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NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - ARMGA	STREET ADDRESS, CITY, STATE, ZIP CODE 12306 WEST ARMGA DRIVE 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	INITIAL COMMENTS The facility is a single story, type V (000) building built in 1981. 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 seven ICF-ID beds with a census of six on day of survey. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on October 16, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, and in accordance with 42 CFR, 483.470. The survey was conducted by: Nathan Elkins Health Facility Surveyor Facility Fire/Life Safety & Construction Program Mark Grimes, Supervisor Facility Fire/Life Safety & Construction Program	K 000		
K0029	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room is protected by one of the following means: (a) Protection is an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than ¾ hour. (b) Protection is automatic sprinkler protection, in	K0029		

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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.

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K0029	<p>Continued From page 1</p> <p>accordance with 32.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation is self-closing or automatic closing in accordance with 7.2.1.8. 33.2.3.2.2.</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to provide adequate protection of the hazardous area. Failure to protect the attached shed could compromise the entire structure in the event of a fire, affecting all clients present on the day of survey. The facility is licensed for seven with a census of six on October 16, 2014</p> <p>Findings include</p> <p>During the survey tour on October 16, 2014 between the hours of 9:30 AM and 11:00 AM observation revealed the facility failed to provide sprinkler protection to the storage shed that is a hazardous storage area. The storage shed is being used to store fuels, oils and other highly flammable combustible items.</p> <p>Actual Reference:</p> <p>NFPA 101: Chapter 33.2.3.2.1 EXISTING RESIDENTIAL BOARD AND CARE OCCUPANCIES</p> <p>Any space where there is storage or activity having fuel conditions exceeding that of a one- or two-family dwelling and that possesses the potential for a fully involved fire shall be protected in accordance with 33.2.3.2.2 and 33.2.3.2.3.</p>	K0029	<p><i>K0029.</i></p> <p><i>Storage shed cleaned out. All fuels have been removed. Shed to be locked and not used for storage.</i></p> <p><i>Maintenance program by 11/16/14</i></p> <p><i>House manager to check to ensure no items are stored in shed during monthly house check.</i></p> <p><i>House manager to document any deficiency in file on P&R House</i></p> <p><i>Maintenance Form to be reviewed at Monthly QA Program. Director Responsible</i></p> <p><i>by 12/24/14</i></p>	

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

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K0029	<p>Continued From page 2</p> <p>Areas shall include, but shall not be limited to, areas for cartoned storage, food or household maintenance items in wholesale or institutional-type quantities and concentrations, or mass storage of residents' belongings. Areas containing approved, properly installed and maintained furnaces and heating equipment, furnace rooms, and cooking and laundry facilities shall not be classified as hazardous areas solely on the basis of such equipment.</p> <p>33.2.3.2.2</p> <p>Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room shall be protected by one of the following means.</p> <p>(a) Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic-closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour.</p> <p>(b) Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.2.4, located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic-closing in accordance with 7.2.1.8.</p>	K0029		

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M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (000) building built in 1981. 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 seven ICF-ID beds with a census of six on day of survey,.</p> <p>The following deficiencies were cited during the annual Fire/Life Safety survey conducted on October 16, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies Impractical Evacuation Capability, in accordance with 42 CFR 483.470 (j) and IDAPA 16.03.11, Rules Governing Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID).</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p> <p>Mark Grimes, Supervisor Facility Fire/Life Safety & Construction Program</p>	M 000		
MM309	<p>16.03.11.110 Fire and Life Safety Standards</p> <p>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.</p> <p>This RULE: is not met as evidenced by: Please refer to "K" tag on CMS 2567</p>	MM309		

MM309
Ref to tag K29

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

[Signature]

TITLE

[Signature]

(X6) DATE

11/18/14

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MM309	Continued From Page 1 K 29 Hazardous Areas	MM309		

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