



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

October 28, 2014

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

RE: Tomorrow's Hope - Lavin, Provider # 13G082

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Tomorrow's Hope - Lavin, which was concluded on October 17, 2014.

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 Statement of Deficiencies/Plan of Correction 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,

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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 **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
Facility Fire Safety and Construction Program

MPG/pmt

Enclosures

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

Printed: 10/23/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G082	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - LAVIN B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2014
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - LAVIN		STREET ADDRESS, CITY, STATE, ZIP CODE 3034 NORTH MERIDIAN ROAD MERIDIAN, ID 83646		
(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 Lavin 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/MR beds and a census of eight on date of survey.</p> <p>The facility was found to be in substantial compliance during the annual certification / life safety code survey conducted on October 16, 2014. 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 annual life safety code survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety and Construction</p>	K 000		

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



TITLE



(X6) DATE

11/05/14

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.

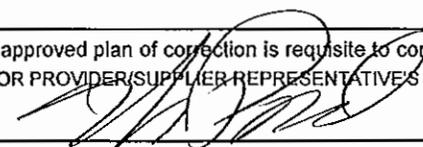
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M 000	<p>16.03.11 Initial Comments</p> <p>The Lavin facility is single story building of Type V(000) unprotected construction, approximately 2,800 square feet with an exterior storage shed that is not connected. The building has a complete automatic 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/MR beds and had a census of eight on date of survey.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/ Life safety code survey conducted on October 16, 2014. 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 Rules Governing Intermediate Care facilities for People with Intellectual Disabilities.</p> <p>The annual life safety code survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety and Construction</p>	M 000		
MM346	<p>16.03.11.110.06(g) In-House Check</p> <p>The facility must establish routine in-house test</p>	MM346		

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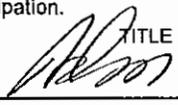
NOV - 7 2014

FACILITY STANDARDS

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



TITLE



(X8) DATE

11/25/14

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MM346	<p>Continued From Page 1</p> <p>and check procedures covering alarm systems, extinguishment systems, and essential electrical systems.</p> <p>This RULE: is not met as evidenced by: Based on record review, the facility failed to provide any documentation of the 30 seconds per month and 90 minute per year battery back-up testing of the emergency illumination system. This deficient practice can effect the rapid evacuation for the staff and eight of eight clients residing there on the day of the survey.</p> <p>Findings include</p> <p>During the record review on October 16, 2014 between the hours of 3:30 PM and 4:30 PM observation revealed the facility failed to provide documentation of the required emergency illumination testing of 30 seconds per month and 90 minutes per year.</p> <p>Actual reference:</p> <p>IDAPA 16.03.11.110.06 (g) - The facility must establish routine in-house test and check procedures covering alarm systems, extinguishment systems, and essential electrical systems.</p> <p>NFPA 101 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority</p>	MM346	<p><i>MM346</i></p> <p><i>Emergency lighting checked by House Maintenance by 11/5/14</i></p> <p><i>House Manager to check monthly and Document on PSR House Maintenance Form Form to be reviewed at Monthly QA</i></p> <p><i>Program Director Responsible by 12/24/14</i></p>	

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

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MM346	Continued From Page 2 having jurisdiction. Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.	MM346		
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This RULE: is not met as evidenced by: Based on observation, the facility failed to provide two bedroom exterior window screens. This deficient practice allows flies and other insects into the facility, affecting eight of eight clients residing there on the day of the survey. Findings include During the survey tour on October 16, 2014 between the hours of 3:30 PM and 4:30 PM, observation revealed the facility failed to provide two bedroom exterior window screens. The building administrator acknowledged the finding. Actual reference: IDAPA 16.02.11 - Rules Governing Intermediate Care Facility for Persons with Intellectual	MM380	<i>MM380</i> <i>Screens to be replaced by Maintenance by 12/24/14</i> <i>House Manager to check for compliance and document on Monthly PSR House Maintenance Form. Forms to be reviewed at QA Monthly.</i> <i>Program Director Responsible by 12/24/14</i>	

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

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MM380	Continued From Page 3 Disabilities (ICF/ID) 120.03. a General Building Requirements. All buildings to be used for ICF/ID facilities must be of such character suitable for such usage. These buildings will be subject to approval by the Department. Other requirements are as follows (a) The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.	MM380		

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