



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 - Meridian
1655 Fairview Avenue, Suite 100
Boise, ID 83702

RE: Tomorrow's Hope - Meridian, Provider #I3G033

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 - Meridian, 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

Thair Pond, Administrator
October 28, 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 **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:

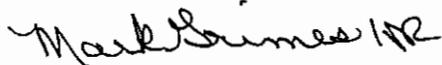
www.icfmr.dhw.idaho.gov

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G033	(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 - MERIDIAN	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 GREENHEAD MERIDIAN, ID 83642
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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) building built in 1997. 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.</p> <p>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.</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>	K 000	<p>RECEIVED NOV - 7 2014 FACILITY STANDARDS</p> <p><i>K0029 Automatic closing door to be replaced by Maintenance by 12/24/14</i></p> <p><i>Garbage and fuels to be removed by House Manager 11/28/14</i></p>	
K0029	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD</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 is protected by one of the following means:</p> <p>(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.</p> <p>(b) Protection is automatic sprinkler protection, in accordance with 32.2.3.5, and a smoke partition,</p>	K0029	<p><i>House Manager to check for deficiencies on monthly check and documented on PSR House Maintenance Form to be reviewed at Monthly QA Program Director Responsible 12/14/14</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *ADM* (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.

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: 13G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE STRUCTURE B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2014	
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - MERIDIAN		STREET ADDRESS, CITY, STATE, ZIP CODE 1821 GREENHEAD MERIDIAN, ID 83642		
(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
K0029	<p>Continued From page 1 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 garage could compromise the entire structure in the event of a fire, affecting six clients on the day of survey. The facility is licensed for seven beds.</p> <p>Findings include</p> <p>During the survey tour on October 16, 2014 between the hours of 1:30 PM and 2:30 PM observation revealed the facility failed to provide sprinkler protection to the attached garage that is a hazardous storage area. The garage is being used to store fuels, four 96 gallon trash receptacles, one 96 gallon mixed recycling receptacle 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 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		

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

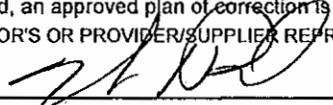
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K0029	<p>Continued From page 2</p> <p>Areas shall include, but shall not be limited to, areas for cartoned storage, food or household maintenance items in wholesale or institutional-type quantities and concentrations, or mass storage of residents' 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 1997. 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.</p> <p>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 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	<p><i>MM309</i> <i>Refer to TAG</i> <i>K29.</i></p> <p>RECEIVED NOV - 7 2014 FACILITY STANDARDS</p>	
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> <p>K 29 Hazardous Areas</p>	MM309		

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

11/05/14

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MM346	Continued From Page 1	MM346		
MM346	<p>16.03.11.110.06(g) In-House Check</p> <p>The facility must establish routine in-house test 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 for the 30 seconds a month and 90 minute a year battery back-up testing of the emergency illumination system. This deficient practice can effect the rapid evacuation of clients and staff during an emergency. The facility is licensed for seven beds with a census of six on day of survey.</p> <p>Findings include</p> <p>During the survey tour on October 16, 2014 between the hours of 1:30 PM and 2:30 PM, observation revealed the facility failed to provide documentation on emergency illumination testing of the emergency lighting in the facility. This deficient practice could delay the evacuation of all personnel inhabiting the facility during an emergency situation. When asked, the house manager could not produce a written record of testing.</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.</p>	MM346	<p><i>MM346</i></p> <p><i>Emergency lights checked for compliance by Maintenance 11/15/14</i></p> <p><i>House Manager to check compliance monthly and document on PSR House Maintenance Form.</i></p> <p><i>Form to be reviewed at Monthly QA</i></p> <p><i>Program Director Responsible by 12/2/14</i></p>	

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MM346	Continued From Page 2 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 1 1/2 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 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 three exterior window screens. This deficient practice allows flies and other insects into the facility, affecting the six clients that were present on day of survey. The facility is licensed for seven beds. Findings include	MM380	<i>MM380 Screens to be replaced by maintenance by 12/21/14 House Manager to check for compliance during monthly check and documented on PSR House Maintenance Form. Form to be checked at Monthly QA Program Director Responsible by 12/21/14</i>	

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MM380	<p>Continued From Page 3</p> <p>During the survey tour on October 16, 2014 between the hours of 1:30 PM and 2:30 PM, observation revealed the facility failed to provide one bedroom exterior window screen and two kitchen exterior window screens. The building administrator acknowledged the finding during the exit interview.</p> <p>Actual reference:</p> <p>IDAPA 16.02.11 - Rules Governing Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID)</p> <p>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.</p>	MM380		

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