



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

April 23, 2015

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

RE: Tomorrow's Hope - Sapphire, Provider #13G038

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey of Tomorrow's Hope - Sapphire, which was conducted on April 22, 2015.

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;
5. The plan must include the title of the person responsible for implementing the acceptable plan of correction; and

Thair Pond, Administrator
April 23, 2015
Page 2 of 2

6. Include dates when corrective action(s) 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 **May 6, 2015**, 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:

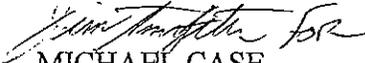
www.icfmr.dhw.idaho.gov

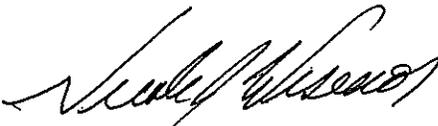
Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by May 6, 2015. If a request for informal dispute resolution is received after May 6, 2015, 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 us during our visit. If you have questions, please call this office at (208) 334-6626, option 4.

Sincerely,


MICHAEL CASE
Health Facility Surveyor
Non-Long Term Care


NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/pmt
Enclosures

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - SAPPHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 2154 SAPPHIRE PLACE 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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W 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the annual recertification survey conducted from 4/20/15 to 4/22/15.</p> <p>The surveyors conducting your survey were:</p> <p>Michael Case, LSW, QIDP, Team Lead Jim Troutfetter, QIDP</p> <p>Common abbreviations used in this report are:</p> <p>ADHD - Attention Deficit Hyperactive Disorder IDAPA - Idaho Administrative Procedures Act IPP - Individual Program Plan LPN - Licensed Practical Nurse OCD - Obsessive Compulsive Disorder PQ - Para Qualified Intellectual Disabilities Professional RN - Registered Nurse</p>	W 000		
W 345	<p>483.460(d)(3) NURSING STAFF</p> <p>The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section.</p> <p>This STANDARD is not met as evidenced by: Based on review of Board of Nursing Rules and Regulations, record review and staff interviews, it was determined the facility failed to ensure their registered nurse was utilized as per this standard and as required by state law. This directly impacted 3 of 3 individuals (Individuals #1 - #3) whose medical records were reviewed, and had the potential to impact all individuals (Individuals #1 - #6) residing at the facility. This resulted in the potential for individuals to experience</p>	W 345	<p>RECEIVED MAY - 4 2015 FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 4/29/15

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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W 345	<p>Continued From page 1 negative impacts to their health. The findings include:</p> <p>1. The Idaho Board of Nursing Rules and Regulations (IDAPA 23.01.01) state, at IDAPA 23.01.01.401, that "In addition to providing hands-on nursing care, licensed registered nurses work and serve in a broad range of capacities including, but not limited to, regulation, delegation, management, administration, teaching, and case management. Licensed registered nurses, also referred to as registered nurses or as 'RNs,' are expected to exercise competency in judgment, decision making, implementation of nursing interventions, delegation of functions or responsibilities, and administration of medications and treatments prescribed by legally authorized persons."</p> <p>IDAPA 23.01.01.401.02(a) states the functions of the RN include "Assesses the health status of individuals and groups" and IDAPA 23.01.01.401.02(b) states the RN "Utilizes data obtained by assessment to identify and document nursing diagnoses..."</p> <p>IDAPA 23.01.01.460 states "Licensed practical nurses function in dependent roles. Licensed practical nurses, also referred to as LPNs, provide nursing care at the delegation of a licensed registered nurse..."</p> <p>IDAPA 23.01.01.460.02(a) states the function of the LPN include "Contributes to the assessment of health status by collecting, reporting and recording objective and subjective data."</p> <p>The facility failed to utilize registered nurses as required by State law, as follows:</p>	W 345	<p>RN to Come in ^{to} a State Review all client files (1-3) and Sign Nursing exams and summaries. RN Responsible By 5/15/15</p> <p>o RN to Review all client files and Sign Nursing exams and summaries RN Responsible</p> <p>o Administrator & RN to meet and set up a regular schedule for the RN to be in homes Adm Responsible by 5/30/15</p> <p>o Will Revise our Nursing Services Policy to include documentation of RN contact and the delegation of responsibilities Adm Responsible by 5/30/15</p> <p>o Quarterly Book Review form</p>

will be updated to ensure we are checking for RN Documentation of Review
PD Responsible by 5/30/15

o Quarterly Book Review are completed and reviewed at the QA meeting
any needed action will be added to the action list
PD Responsible by 5/30/15

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W 345	<p>Continued From page 2</p> <p>a. Individual #1's 8/22/14 IPP stated she was a 14 year old female whose diagnoses included moderate mental retardation, seizure disorder, OCD, and ADHD. She was admitted to the facility on 6/6/14.</p> <p>Individual #1's medical record included Quarterly Nursing Examinations dated 1/20/15, 10/29/14, and 7/31/14 that were completed and signed by the LPN. There was no documentation the examinations had been reviewed by the RN.</p> <p>Additionally, Individual #1's monthly Nursing Summaries from 7/2014 - 3/2015 were reviewed. The forms were signed by the LPN and the PQ, but the signature space for the RN was blank.</p> <p>b. Individual #2's 7/10/14 IPP stated he was a 24 year old male whose diagnoses include moderate mental retardation, major depression disorder, ADHD, and OCD. He was admitted to the facility on 7/6/00.</p> <p>Individual #2's medical record included Quarterly Nursing Examinations dated 12/22/14, 9/25/14, 6/16/14, and 3/20/14 completed and signed by the LPN. There was no documentation that examinations had been reviewed by the RN.</p> <p>Additionally, Individual #2's monthly Nursing Summaries from 9/2014 - 3/2015 were reviewed. The forms were signed by the LPN and the PQ, but the signature space for the RN was blank.</p> <p>c. Individual #3's 9/19/14 IPP stated he was a 24 year old male whose diagnoses included profound mental retardation and Lennox-Gastaut Syndrome (a seizure disorder).</p>	W 345		

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W 345	Continued From page 3 Individual #3's medical record included Quarterly Nursing Examinations dated 3/23/15, 12/22/14, 9/23/14, and 6/16/14 completed and signed by the LPN. There was no documentation that the examinations had been reviewed by the RN. Additionally, Individual #3's monthly Nursing Summaries from 9/2014 - 3/2015 were reviewed. The forms were signed by the LPN and the PQ, but the signature space for the RN was blank. None of Individual #1 - #3's Quarterly Nursing Examinations or Nursing Summaries documented they had been reviewed by the RN. Additionally, documentation that the RN had been present in the facility or reviewed any aspect of Individual #1 - #3's records from 4/1/14 to present could not be found. The facility utilized a contracted RN who was interviewed by telephone on 4/21/15 from 1:50 - 2:13 p.m. The RN stated she could not remember the last time she had been in the facility, but stated it could have been a year or more. The RN stated she would review and sign the Quarterly Nursing Examinations or Nursing Summaries when she was in the facility. If the reviews were not signed it would indicate she had not been present in the facility. The RN stated her "other job" prevented her from coming to the facility frequently. When asked about regulations governing ICFs/ID, the RN stated she was not aware of the specific regulations. The RN stated the facility's Nursing Supervisor made daily decisions related to the facility and would consult with the Social Worker and facility Administrator. The RN stated she would rely on the Nursing Supervisor to contact her if she had questions.	W 345			

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W 345	<p>Continued From page 4</p> <p>The RN stated she was aware the Nursing Supervisor was an LPN.</p> <p>During an interview on 4/22/15 from 9:35 - 10:10 a.m., the facility LPN stated he had worked for the company for 18 months and had never met the RN. The Nursing Supervisor, who was present during the interview, stated the RN used to review records every 3-6 months, but she did not know the last time the RN was in the facility or had reviewed any of the medical records.</p> <p>The facility failed to utilize the registered nurse as appropriate and required by State law.</p>	W 345			

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the annual licensure survey conducted from 4/20/15 to 4/22/15. The surveyors conducting your survey were: Michael Case, LSW, QIDP, Team Lead Jim Troutfetter, QIDP Common abbreviations used in this report are:	M 000	RECEIVED MAY - 6 2015 FACILITY STANDARDS	
MM269	16.03.11.100.04 Insect and Rodent Control Insect and Rodent Control. The facility must be maintained free from insects, rodents and other pests. Chemicals (pesticides) used in the control program must be selected, used, and stored in the following manner: This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain areas to ensure they were free from insects for 6 of 6 individuals (Individuals #1 - #6) residing at the facility. This had the potential to negatively impact the individuals' health. The findings include: 1. An environmental review was conducted at the facility on 4/21/15 from 12:30 - 1:00 p.m. During that time, the following window screens were noted to be missing: - The screen on Individual #1's bedroom window was missing. - The screens on the windows to the left and right of the kitchen sink were missing.	MM269	Screen's were placed in individual #1 window's and screen's in the kitchen were put in BY 5/15/15 House manager responsible • all window were rechecked to ensure all screens are in place BY 5/15/15 house manager responsible • House manager to complete a weekly walk through to ensure screens are in place By 5/15/15 house manager responsible • Program Director will Review weekly walk through of the house	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

J. Pooler 5/6/15

STATE FORM

6309

HU9911

If continuation sheet 1 of 3

and added all need items to the fix to action list

BY 5/15/15 PD Responsible

• PD to send out action list to HMA and maintenance man monthly with follow up at the monthly QA meetings. PD Responsible By 5/15/15

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NAME OF PROVIDER OR SUPPLIER
TOMORROW'S HOPE - SAPPHIRE

STREET ADDRESS, CITY, STATE, ZIP CODE
2154 SAPPHIRE PLACE
MERIDIAN, ID 83642

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MM269	Continued From page 1	MM269		
	The facility failed to be maintained in such a way as to prevent insects from entering.			
MM380	16.03.11.120.03(a) Building and Equipment	MM380		
	<p>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> <p>This Rule is not met as evidenced by: Based on observation it was determined the facility failed to ensure the facility was kept in good repair for 8 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in the environment being kept in ill-repair. The findings include:</p> <p>1. An environmental review was conducted at the facility on 4/21/15 from 12:30 - 1:00 p.m. During that time, the following was noted:</p> <ul style="list-style-type: none"> - The toilet seat was loose in the hall bathroom. - The toilet in the master bathroom was missing the bolt cover on the bathtub side and the bolt was missing on the sink side. - There was no curtain on the north window of the medication room. - The front door had multiple areas with small holes and separation of the wood. - The toilet paper tissue holder shaft was missing 		<p>- All listed items will be repaired by maintenance by 5/13/15 Maintenance responsible</p> <p>- will complete a monthly House Service Review and turned in to PD all need items will be listed on maintenance list in house. HM responsible by 5/13/15</p> <p>- House manager to note any need maintenance repair or on weekly walk through and add to maintenance repair list HM responsible by 5/13/15</p> <p>- all House PSR, weekly walk throughs, and maintenance repair list will be turned in to PD at monthly QA PD responsible by 5/15/15</p>	

Bureau of Facility Standards
STATE FORM

6899

HU9911

If continuation sheet 2 of 3

- PD to review and add all need Repairs or action to The action List and will send to HM & Maintenance Man
PD responsible by 5/15/15

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MM380	Continued From page 2 from the toilet paper holder in the master bathroom. - There was a large vertical crack on the trim to the left of the microwave door. The facility failed to ensure environmental repairs were maintained.	MM380		