



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK—ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
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September 15, 2016

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

RE: Tomorrow's Hope - Navarro, Provider #13G061

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey of Tomorrow's Hope - Navarro, which was conducted on September 12, 2016.

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
September 15, 2016
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 **September 28, 2016**, 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 September 28, 2016. If a request for informal dispute resolution is received after September 28, 2016, 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 the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,



NICOLE WISENOR, Supervisor
Non-Long Term Care

NW/pmt
Enclosures

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

PRINTED: 09/15/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2016
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - NAVARRO			STREET ADDRESS, CITY, STATE, ZIP CODE 946 NORTHWEST 12TH 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
W 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey conducted from 9/6/16 to 9/12/16. The survey was conducted by: Nicole Wisenor, QIDP, Team Lead Autumn Bernal, RN, BSN Common abbreviations used in this report are: ADHD - Attention Deficit Hyperactivity Disorder CBC - Complete Blood Count CHEM 12 - Chemistry Panel, also known as, Comprehensive Metabolic Panel IPP - Individual Program Plan LPN - Licensed Practical Nurse QIDP - Qualified Intellectual Disabilities Professional	W 000		
W 325	483.460(a)(3)(iii) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes routine screening laboratory examinations as determined necessary by the physician. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure routine screening laboratory examinations were provided to 1 of 4 individuals (Individual #2) whose laboratory records were reviewed. This resulted in the potential for medical concerns to go undetected. The findings include:	W 325		

RECEIVED
SEP 28 2016
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Jebba Pade PD TITLE _____ (X6) DATE 9/27/16

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 325	Continued From page 1 1. Individual #2's 10/14/15 IPP stated he was a 12 year old male whose diagnoses included mild intellectual disability and ADHD. His record contained a physician's recap order, dated 9/29/15, which documented he was to receive yearly and as needed CBC and CHEM 12 (laboratory blood tests). His record also contained a Pharmacy Review form, dated 7/27/16, which documented that he needed to have laboratory tests done. However, no documentation could be found that Individual #2 had any laboratory testing done since his admission to the facility on 9/14/15. During an interview on 9/8/16 beginning at 11:40 a.m., the QIDP was asked to provide copies of Individual #2's laboratory test results, however, none were provided. The facility failed to ensure Individual #2 received laboratory tests as ordered.	W 325	- individual #2 has had lab work by 9/26/16 Nurse Responsible. - all books will be reviewed to ensure all individuals have current labs. Nurse Responsible by 10/1/16 - LPN to be trained to ensure all labs are up to date and follow through w/ action list PD Responsible by 10/1/16	
W 331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure adequate nursing services were provided for 2 of 4 individuals (Individuals #1 and #4) whose medical records were reviewed. This resulted in a lack of nursing follow-up necessary to ensure individuals' health needs were met. The findings	W 331	→ Books will be reviewed quarterly to ensure all labs are up to date PD Responsible by 10/1/16 - all books reviewed will be reviewed by PD w/ needed items added to the action list	

PD Responsible
by 10/1/16

- LPN to bring missing items on the action list, to ensure it has been completed, to monthly QA
LPN Responsible
by 10/1/16

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W 331	<p>Continued From page 2 include:</p> <p>1. Individual #1's 4/19/16 IPP stated he was a 17 year old male whose diagnoses included autism spectrum disorder and neurodevelopmental disorder.</p> <p>An 11/11/15 Patient Chart record from Individual #1's dentist titled documented several proposed treatments that were dated 10/6/15. The proposed treatments included 8 separate items, as follows:</p> <ul style="list-style-type: none"> - "RESIN-BASED COMPOSITE-TWO SURFACE, POST," for one tooth. - "CROWN," listed for 3 different teeth. - "SURGICAL REMOVAL OF ERUPTED TOOTH," listed for 4 different teeth. <p>A letter from an insurance company, dated 2/23/16, stated Individual #1's dentist had submitted a request, but the insurance company had denied coverage. The denials were for the "extraction of impacted tooth," for a total of two teeth.</p> <p>A subsequent dental bill, dated 8/30/15, included hand-written notes that stated, "call to sch. [schedule] treatment" and "boil & bite night guard."</p> <p>When asked, during an interview on 9/9/16 from 12:00 - 12:15 p.m., the LPN stated Individual #1 had not yet been provided with the bite guard or had his wisdom teeth removed, as recommended by his dentist. The LPN further stated she did not know if any of the recommended follow-up appointments or treatments had been completed or were scheduled to be completed. The LPN</p>	W 331	<p>individuals #1 and individual #4 appointments and follow up have been schedule/completed LPN Responsible BY 10/15/16</p> <p>→ all individual's Books will be reviewed to ensure all appointments and recommendations are being followed LPN responsible BY 10/15/16</p> <p>→ LPN to be trained when completing monthly Nursing Summary She is ensuring all appointments are up to date and recommendations are being followed PD Responsible BY 10/15/16</p> <p>- all Books will be reviewed Quarterly by PD and needed items added to action List PD Responsible BY 10/15/16</p>	

- LPN to bring all items on action list to QA meeting to ensure they items have been completed
BY 10/15/16
PD Responsible

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W 331	<p>Continued From page 3</p> <p>stated she would try to obtain additional documentation from Individual #1's dentist to clarify what dental treatments and procedures still needed to be completed or were already done. However, no additional documentation was provided.</p> <p>The facility failed to ensure adequate nursing follow-up occurred to meet Individual #1's dental needs.</p> <p>2. Individual #4's 2/15/16 IPP stated he was a 24 year old male whose diagnoses included autism and profound intellectual disability.</p> <p>Individual #4's record did not include documentation of timely nursing follow-up to medical appointments.</p> <p>a. Individual #4's record included an Annual History and Physical examination, dated 8/17/15.</p> <p>When asked, on 9/9/16 at 10:00 a.m., the LPN stated an updated History and Physical examination had not been completed, but the appointment was scheduled for 9/15/16.</p> <p>b. Individual #4's record included documentation of an eye examination, dated 8/25/15, which recommended a follow-up examination in one year.</p> <p>When asked, on 9/9/16 at 10:00 a.m., the LPN stated an updated eye examination had not been completed, but the appointment was scheduled for 9/13/16.</p> <p>The facility failed to ensure nursing staff provided timely follow-up for Individual #4's medical</p>	W 331		

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W 331	Continued From page 4	W 331			
W 345	483.460(d)(3) NURSING STAFF The facility must utilize registered nurses as appropriate and required by State law to perform the health services specified in this section. 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 the registered nurse was utilized as per this standard and as required by state law. This directly impacted 4 of 4 individuals (Individuals #1 - #4) whose medical records were reviewed, and had the potential to impact all individuals (Individuals #1 - #7) residing at the facility. This resulted in the potential for individuals to experience negative impacts to their health. The findings include: 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 professional nurses work and serve in a broad range of capacities including, but not limited to, regulation, delegation, management, administration, teaching, and case management. Licensed professional 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."	W 345			

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W 345	<p>Continued From page 5</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 professional 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>Individual #1 - #4's records were reviewed. The records documented quarterly assessment data which was collected by the facility's LPN. However, RN review of the data, necessary for the assessments to be completed in accordance with state law, was not done in a timely manner, as follows:</p> <p>a. Individual #3's 8/10/16 IPP stated she was a 22 year old female whose diagnoses included autism and profound intellectual disability.</p> <p>- For the fourth quarter of 2015, the LPN's assessment data was gathered on 10/6/15. The RN documented she reviewed the assessment data on 3/22/16 (168 days after the assessment data was garnered). The LPN also gathered assessment data on 12/18/15. The RN documented she reviewed the assessment data on 3/22/16 (95 days after the assessment data was garnered).</p>	W 345	<p>→ the RN has been in to review and sign all individuals assessments RN Responsible BY 10/1/16</p> <p>→ all Books will Be Reviewed by LPN monthly when they complete the Nursing Summary to ensure the RN has been in to review assessments. LPN Responsible BY 10/1/16</p> <p>- Nursing Summary updated to include Nursing Exam date and to note if signed by RN PD Responsible BY 10/1/16</p> <p>- RN Contract Change to come in at least every other month or sooner if need. Adm Responsible BY 10/15/16</p>	
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- PD to Review Books Quarterly to ensure nursing Exam are completed and will added any need exams to the action list
PD Responsible
BY 10/1/16

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

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W 345	<p>Continued From page 6</p> <ul style="list-style-type: none"> - For the first quarter of 2016, the LPN's assessment data was gathered on 3/25/16. The RN documented she reviewed the assessment data on 6/3/16 (70 days after the assessment data was garnered). - For the second quarter of 2016, the LPN's assessment data was gathered on 6/16/16. The RN documented she reviewed the assessment data on 9/7/16 (83 days after the assessment data was garnered). b. Individual #4's 2/15/16 IPP stated he was a 24 year old male whose diagnoses included autism and profound intellectual disability. - For the fourth quarter of 2015, the LPN's assessment data was gathered on 10/22/15. Documentation that the RN had reviewed the information was not evident. - For the first quarter of 2016, the LPN's assessment data was gathered on 1/19/16. The RN documented she reviewed the assessment data on 3/22/16 (63 days after the assessment data was garnered). - For the second quarter of 2016, the LPN's assessment data was gathered on 4/14/16. The RN documented she reviewed the assessment data on 6/3/16 (50 days after the assessment data was garnered). - For the third quarter of 2016, the LPN's assessment data was gathered on 7/11/16. The RN documented she reviewed the assessment data on 9/7/16 (58 days after the assessment data was garnered). 	W 345		

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W 345	<p>Continued From page 7</p> <p>c. Individual #2's 10/14/15 IPP stated he was a 12 year old male whose diagnoses included mild intellectual disability and ADHD.</p> <p>- For the fourth quarter of 2015, the LPN's assessment data was gathered on 12/30/15. The RN documented she reviewed the assessment data on 3/22/16 (83 days after the assessment data was garnered).</p> <p>- For the second quarter of 2016, the LPN's assessment data was gathered on 6/16/16. The RN documented she reviewed the assessment data on 9/7/16 (83 days after the assessment data was garnered).</p> <p>d. Individual #1's 4/19/16 IPP stated he was a 17 year old male whose diagnoses included Autism spectrum disorder and neurodevelopmental disorder.</p> <p>- For the fourth quarter of 2015, the LPN's assessment data was gathered on 10/22/15. The RN documented she reviewed the assessment data on 3/22/16 (152 days after the assessment data was garnered).</p> <p>- For the first quarter of 2016, the LPN's assessment data was gathered on 1/20/16. The RN documented she reviewed the assessment data on 3/22/16 (62 days after the assessment data was garnered).</p> <p>- For the second quarter of 2016, the LPN's assessment data was gathered on 4/21/16. The RN documented she reviewed the assessment data on 6/3/16 (43 days after the assessment data was garnered).</p>	W 345		
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W 345	<p>Continued From page 8</p> <p>- For the third quarter of 2016, the LPN's assessment data was gathered on 7/11/16. The RN documented she reviewed the assessment data on 9/7/16 (58 days after the assessment data was garnered).</p> <p>During a phone interview on 9/9/16 at approximately 9:00 a.m., the RN stated she was not aware there was a time limitation related to when assessment data was gathered and when she was required to review it.</p> <p>The facility failed to ensure the RN reviewed health data, necessary for assessments to be completed in accordance with state law, in a timely manner.</p>	W 345		

Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the state licensure survey conducted from 9/6/16 to 9/12/16. The surveyors conducting your survey were: Nicole Wisenor, QIDP, Team Lead Autumn Bernal, RN, BSN	M 000		
MM166	16.03.11600 Health Care Services The requirements of Sections 600 through 699 of these rules are for modifications and additions to the requirements in 42 CFR 483.460 - 483.460(n) (2), Condition of Participation: Health Care Services incorporated in Section 004 of these rules.	MM166		
MM215	16.03.11711.01 Good Repair Each building used by the ICF/ID and its equipment must be in good repair. This Rule is not met as evidenced by: Refer to W325, W331, and W345. This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the facility was kept in a safe manner and in good repair for 7 of 7 individuals (Individuals #1 - #7) residing at the facility. This resulted in the potential for individuals to be subjected to increased environmental and infection control risks. The findings include:	MM215		

Refer to W325, W331 and W345

**RECEIVED
SEP 28 2016
FACILITY STANDARDS**

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

John Poole PD

TITLE (X6) DATE

*9-27-16 - By Jim [Signature]
Per Program Director 9-30-16
1:00 pm*

Bureau of Facility Standards

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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) COMPLETE DATE
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MM215	<p>Continued From page 1</p> <p>1. Environmental reviews were conducted at the facility on 9/7/16 at 11:15 a.m. and on 9/7/16 at 1:30 p.m. During the reviews, the following was noted:</p> <ul style="list-style-type: none"> - There were food spills and an accumulation of crumbs in the kitchen's Lazy Susan. - Individual #7's top right dresser drawer handle was broken. Additionally, the bottom two dresser drawers were broken off their tracks and missing drawer stoppers. - There was a floor lamp placed in the laundry room behind the facility's dryer. An accumulation of lint and dust had collected behind the washer and dryer and in the shade of the lamp, creating a fire hazard. <p>When asked about the lamp, during an interview on 9/7/16 at 1:40 p.m., the QIDP stated the overhead lights had burned out and the lamp was placed to provide the individuals with light during medication administration. The QIDP stated the overhead light bulb had been replaced, but some of the individuals preferred the lamp lighting so it had been left in the area. The QIDP acknowledged the accumulation of lint in the lamp shade and stated the lamp would be removed.</p> <p>On site verification of the lamp's removal occurred on 9/8/16 at 2:00 p.m.</p> <p>The facility failed to ensure the facility was kept in a safe manner and in good repair.</p>	MM215	<p>- all items have been fixed or clean Maintenance Responsible BY 10/11/16</p> <p>→ He trained HM once weekly walkthroughs to ensure the address item that need to be fixed or cleaned PD Responsible BY 10/11/16</p> <p>→ Cleaning List in the home updated to add inside of cupboards. PD Responsible BY 10/11/16</p> <p>→ HM to Review Cleaning List weekly to ensure they have been completed. HM Responsible. BY 10/11/16</p>	
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→ items that need to be addressed will be added to the weekly walk through and turned into PD monthly HM responsible

- PD will review walk through and address needed items to action list