



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Tomorrow's Hope Satellite Services	Region(s):	4
Agency Type:	Developmental Disabilities Agency	Survey Dates:	5/24/16-5/26/16
Certificate(s):	4TOMORW018 4TOMORW018-2	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.03.21.125 125. An agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate, to ensure there is no lapse in certification. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes required under Section 900 of these rules. (7-1-11)	The agency failed to request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate.	<ol style="list-style-type: none"> 1. Program added a specific date to send the request for a renewal instead of when it was due Program Director Responsible by 6/5/16 2. Update the PSR form reviewed at the Quality assurance meeting to ensure a specific date has been listed for when the renewal request should be sent in Program Director Responsible by 6/5/16 3. The PSR form will be reviewed at each monthly QA to ensure we request the renewal certification prior to the 90days Program director Responsible by 6/5/16 4. The request for renewal will also be added to the action list reviewed at each QA meeting Program Director 	6/5/2016



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		<i>Responsible by 6/5/16</i>	

Agency Representative & Title: <i>Thair Pond Administrator</i> <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 6/1/2016
Department Representative & Title: <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: Click here to enter a date.