



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 2, 2014

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

RE: Tomorrow's Hope - Eagle, Provider #13G047

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey of Tomorrow's Hope - Eagle, which was conducted on March 28, 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 within 60 days of

Thair Pond, Administrator  
April 2, 2014  
Page 2 of 2

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 **April 15, 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](http://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 April 15, 2014. If a request for informal dispute resolution is received after April 15, 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 us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



ASHLEY HENSCHIED  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

AH/pmt  
Enclosures



**TOMORROW'S HOPE, INC.**  
1655 FAIRVIEW AVENUE, SUITE 100  
BOISE, ID 83702

PHONE: (208) 319-0760  
FAX: (208) 319-0765

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Ashley Henscheid  
Health facility surveyor  
Non-Long Term Care  
Bureau of Facility Standards  
PO Box 87320  
Boise, ID 83720-0009

April 11, 2014

RE: Eagle Survey

Dear Ms. Henscheid,

Please find our Plan of Corrections for deficiencies found during your recent survey of our Eagle Home. I believe all deficiencies have been addressed.

As always, thank you. We consider survey process an integral part of our QA process.

Sincerely,

Thair Pond

Administrator

Incl:

cc. File, eagle home

**RECEIVED**

**APR 15 2014**

**FACILITY STANDARDS**



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

PRINTED: 04/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  03/28/2014
NAME OF PROVIDER OR SUPPLIER  TOMORROW'S HOPE - EAGLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1057 RUSH ROAD EAGLE, ID 83616		
(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 262	Continued From page 1  During the entrance conference on 3/24/14, from 11:35 - 12:05 p.m., the PQIDP stated Individual #1 had a one-to-one staff during waking hours. Additionally, during a cumulative 5 hours and 20 minutes of observations, Individual #1 was observed to have a staff with her, between arm's reach and line of sight, at all times.  Individual #1's record contained a "Baseline Elopement" Behavior Intervention Plan, dated 10/1/13. The plan documented "at this time she is two on one in the community and one on one in the home."  However, Individual #1's record did not contain approval from the facility's HRC for the use of increased supervision.  When asked, the PQIDP stated during an interview on 3/27/14 from 1:32 - 2:46 p.m., she did not have HRC approval for the intervention.  The facility failed to ensure HRC approval was obtained prior to the use of increased supervision for Individual #1.	W 262			
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on observation, record review and staff interview, it was determined the facility failed to	W 263	<i>W 263 Please refer to W 262</i>		

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W 263	<p>Continued From page 2</p> <p>ensure restrictive interventions were implemented only with the written informed consent of the legal guardian for 1 of 4 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior consent for a restrictive intervention. The findings include:</p> <p>1. Individual #1's IPP, dated 10/30/13, documented a 13 year old female whose diagnoses included profound mental retardation.</p> <p>During the entrance conference on 3/24/14, from 11:35 - 12:05 p.m., the PQIDP stated Individual #1 had a one-to-one staff during waking hours. Additionally, during a cumulative 5 hours and 20 minutes of observations, Individual #1 was observed to have a staff with her, between arm's reach and line of sight, at all times.</p> <p>Individual #1's record contained a "Baseline Elopement" Behavior Intervention Plan, dated 10/1/13. The plan documented "at this time she is two on one in the community and one on one in the home."</p> <p>However, Individual #1's record did not contain consent from her legal guardian for the use of increased supervision.</p> <p>When asked, the PQIDP stated during an interview on 3/27/14 from 1:32 - 2:46 p.m., she did not have guardian consent for the intervention.</p> <p>The facility failed to ensure guardian consent was obtained prior to the use of increased supervision for Individual #1.</p>	W 263		

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER  
**TOMORROW'S HOPE - EAGLE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1057 RUSH ROAD  
EAGLE, ID 83616**

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M 000	16.03.11 Initial Comments  The following deficiencies were cited during the annual licensure survey conducted from 3/24/14 to 3/28/14.  The survey was conducted by: Ashley Henscheid, QIDP, Team Leader Trish O'Hara, RN  Common abbreviations used in this report are: PQIDP - Para-Qualified Intellectual Disability Professional	M 000		
MM194	16.03.11.075.10(a) Approval of Human Rights Committee  Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	<i>MM 194 Refer to W262</i>	
MM196	16.03.11.075.10(c) Consent of Parent or Guardian  Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W263.	MM196	<i>MM 196 Refer to W263</i>	
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	MM380		

**RECEIVED**  
**APR 15 2014**  
**FACILITY STANDARDS**

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

*[Signature]*  
*Tha. y. Pond*

TITLE  
*Adm*

(X8) DATE

*4/11/14*

Bureau of Facility Standards

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MM380	Continued From page 1  precaution must be taken to prevent the entrance of insects and rodents. 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 7 of 7 individuals (Individuals #1 - #7) residing at the facility. This resulted in the environment being kept in ill-repair. The findings include:  1. On 3/26/14 from 8:35 - 9:30 a.m., an environmental review was conducted with the PQIDP. During that time, the following was noted:  - Individual #1's bedroom had a strong urine-like odor.  - All of the drawers of Individual #1's dresser were missing stops on the tracks to prevent the drawers from falling out when opened.  - Four of the nine drawers of Individual #2's dresser unit did not have stops on the tracks to prevent the drawers from falling out when opened.  - Individual #2's dresser unit included a cupboard in the upper right area. A 1" wide strip of wood was hanging off the inside of the left cupboard door with exposed staples.  - All of the drawers of Individual #3's dresser were missing stops on the tracks to prevent the drawers from falling out when opened.  - The left handle of the top drawer of Individual #4's free-standing dresser was broken in half, leaving the screw exposed.	MM380	<i>MM380 All items sounded deficient shall be replaced, repaired, or cleaned to meet requirements. House Manager Responsible House Manager to check service ability during weekly house checks. Deficiencies to be noted and corrected House Manager Responsible House check to be reviewed at Monthly QA. Program Director Responsible</i>	<i>4/20/14 4/15/14 4/15/14</i>

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MM380	Continued From page 2  - All of the drawers of Individual #4's built-in dresser were missing stops on the tracks to prevent the drawers from falling out when opened.  - All of the drawers of Individual #5's dresser were missing stops on the tracks to prevent the drawers from falling out when opened.  - All of the drawers of Individual #6's dresser were missing stops on the tracks to prevent the drawers from falling out when opened.  - The top drawer of Individual #7's four-drawer dresser was missing the bottom panel, rendering the drawer unusable.  - Individual #7's dresser swayed left and right, with the back panel bowing out and back in, when touched.  - The room used for medication and food storage had a strong urine-like odor.  - The top hinge was unhooked on the door of the left cupboard of the entertainment center, causing the door to fall when opened.  The facility failed to ensure environmental repairs were maintained.	MM380		