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 24, 2014

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 18, 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;

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

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 7, 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 May 7, 2014. If a request for informal dispute resolution is received after May 7, 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 HENSCHEID
Health Facility Surveyor
Non-Long Term Care

Sylvia Creswell for
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

Ashley Henscheid

Health Care Surveyor

Non-Long Term Care

Bureau Of Facility Standards

PO Box 83720

Boise, Idaho 83720-0009

RECEIVED
MAY - 2 2014
FACILITY STANDARDS

1 May 2014

RE: Sapphire Plan of Corrections

Dear Ms. Henscheid,

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

As always, we believe the survey process is an important part of our quality assurance program and appreciate the opportunity to make corrections.

Sincerely,

Thair Pond

Administrator

CC: Sapphire, file

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

PRINTED: 04/23/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	13G038		04/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOMORROW'S HOPE - SAPPHIRE	2154 SAPPHIRE PLACE MERIDIAN, ID 83642

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W 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey conducted from 4/14/14 to 4/18/14. The survey was conducted by: Ashley Henscheid, QIDP, Team Leader Common abbreviations used in this report are: ADHD - Attention Deficit Hyperactivity Disorder IDT - Interdisciplinary Team IPP - Individual Program Plan OCD - Obsessive Compulsive Disorder PQIDP - Para-Qualified Intellectual Disability Professional SIB - Self-Injurious Behavior	W 000	RECEIVED MAY - 2 2014 FACILITY STANDARDS	
W 210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the IDT reviewed current evaluation information for 1 of 2 individuals (Individual #3) who were admitted to the facility within the last year. This resulted in the potential for a lack of information being available on which to base treatment decisions. The findings include: 1. Individual #3's IPP, dated 5/10/13, documented he was a 14 year old male whose diagnoses	W 210	W 210 An IDT was held and Ind #3 IPP and assessments were reviewed and found to be current and accurate Program Director Responsible by 4/28/14 Up Date Policy + Procedures to reflect requirements of discharge and admission procedures. If Resident is moving from one Tomorrow's Hope Home to another Program Director Responsible by 4/28/14 All Professional staff to be trained on Policy + Procedure changes Program Director Responsible 5/28/14 Social Worker to schedule all IPPs within 30 and 90 days as required Social Worker Responsible by 4/28/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 4/30/14

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.

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W 210	Continued From page 1 included severe mental retardation. He was admitted to the facility on 10/1/13 from another facility within the company. Individual #3's record was reviewed and included a Speech and Language Evaluation, dated 12/11/12, a behavioral assessment, dated 12/10/12, a Dietary Evaluation, dated 3/28/13, a Comprehensive Assessment Report, dated 5/9/13 and a psychological assessment, dated 8/15/13. However, Individual #3's record did not include documentation that his assessments had been reviewed by the IDT after his admission. During the exit conference on 4/18/14 from 1:17 - 1:37 p.m., the Program Director stated she could not find information that assessments had been reviewed. The facility failed to review Individual #3's assessments within 30 days of his admission.	W 210		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of individuals' IPPs that was	W 312		

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W 312	Continued From page 2 directed specifically towards the reduction of and eventual elimination of the behaviors for which the drug was employed for 2 of 3 individuals (Individuals #1 and #2) whose behavior modifying drugs were reviewed. This resulted in individuals receiving behavior modifying drugs without plans that identified how the drugs may change in relation to progress or regression. The findings include: 1. Individual #1's IPP, dated 11/25/13, documented he was a 13 year old male whose diagnoses included profound mental retardation, autistic disorder and ADHD. a. Individual #1's Physician's Orders, dated 4/2014, stated he received Intuniv (an antihypertensive drug) 1 mg daily. Individual #1's Reduction and Increase Plan for psychotropic medications, updated 3/26/14, documented Intuniv was prescribed for "ADHD symptoms which manifest into OCD/ritualistic behavior," defined as becoming focused on items, repeating a motion, asking for the same thing over and over, being asked to wait for something and wanting things a certain way. The plan stated "Intuniv is being targeted for a decrease." However, Individual #1's reduction plan did not include any information regarding how the Intuniv would be decreased in relation to Individual #1's OCD behavior. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated Intuniv did not have a reduction plan related to the prescribed symptoms and the reduction plan would be	W 312	W312 Individuals #1 and #2 Medication plans updated to include instructions on Medication reductions. Each Medication plan updated to include specific behaviors each Medication is addressing. QMRP responsible by All medication reduction plans to be reviewed to ensure all plans include a specific reduction plan for each Medication QMRP Responsible by All Medication plans to be reviewed by another Professional with a PSR Completed to document each medication has a defined behavior for the medication tracked and a reduction plan for each Medication Program Director Responsible by Continued on next Page	4/28/14 4/28/14 4/28/14

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W 312	Continued From page 3 revised. b. Individual #1's Physician's Orders, dated 4/2014, stated he received Risperdal (an antipsychotic drug) 3 mg daily. Individual #1's Reduction and Increase Plan for psychotropic medications, updated 3/26/14, documented Risperdal was prescribed for aggression, defined as hitting, kicking, spitting, head-butting and scratching. The plan stated "Intuniv is being reduced first once it has been discontinued or lowered to an optimal dose the team will meet to decide the reduction plan for Risperdal." Individual #1's reduction plan did not include information regarding how the Risperdal would be decreased in relation to Individual #1's aggression. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated Risperdal did not have a reduction plan related to aggression and the reduction plan would be revised. c. Individual #1's Physician's Orders, dated 4/2014, stated he received oxcarbazepine (an anticonvulsant drug) 1200 mg daily. Individual #1's Reduction and Increase Plan for psychotropic medications, updated 3/26/14, documented oxcarbazepine was prescribed for SIB, defined as hitting his head with his hands, hitting his head on surfaces or biting his hands and fingers. The plan stated "Oxcarbazepine will be considered for a reduction after Risperdal is discontinued or to an optimal dose." Additionally, the plan documented "Oxcarbazepine will not be	W 312	W 312 Continued All Medication reduction plans to be reviewed quarterly at QA to ensure there are specific reduction plans. Review of reduction plan will be completed on the record Review form and given to Program Director for review at Monthly QA. Program Director Responsible by 4/29/14	

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W 312	Continued From page 4 considered for an increase at this time." Individual #1's reduction plan did not include information regarding how the oxcarbazepine would be adjusted in relation to Individual #1's SIB. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated oxcarbazepine did not have a reduction plan related to SIB and the reduction plan would be revised. d. Individual #1's Physician's Orders, dated 4/2014, stated he received Propranolol (an antihypertensive drug) 20 mg daily. Individual #1's Reduction and Increase Plan for psychotropic medications, updated 3/26/14, documented Propranolol was prescribed for OCD behavior, defined as becoming focused on items, repeating a motion, asking for the same thing over and over, being asked to wait for something and wanting things a certain way. The plan stated "There are no plans to reduce Propranolol at this time." The plan also documented "There are no plans to change or increase Propranolol at this time." Individual #1's reduction plan did not include information regarding how the Propranolol would be adjusted in relation to Individual #1's OCD behavior or Intuniv, which was also prescribed for OCD behavior. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated Propranolol did not have a reduction plan related to the prescribed symptoms and the reduction plan would be revised.	W 312		

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W 312	Continued From page 5 e. Individual #1's Physician's Orders, dated 4/2014, stated he received Clonidine (an antihypertensive drug) 0.4 mg daily. Individual #1's Reduction and Increase Plan for psychotropic medications, updated 3/26/14, documented Clonidine was prescribed for ADHD symptoms, undefined. The plan stated "There are no plans to change or decrease [Individual #1's] Clonidine at this time." The plan also documented "There are no plans to change or increase [Individual #1's] Clonidine at this time." Individual #1's reduction plan did not include information regarding how the Clonidine would be adjusted in relation to Individual #1's ADHD symptoms. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated Clonidine did not have a reduction plan related to ADHD symptoms and the reduction plan would be revised. f. Individual #1's Physician's Orders, dated 4/2014, stated he received Seroquel (an antipsychotic drug) 50 mg daily. Individual #1's Reduction and Increase Plan for psychotropic medications, updated 3/26/14, documented Seroquel was prescribed "to help [Individual #1] sleep through the night." Individual #1's IPP included a sleep goal for monitoring total hours of sleep per night as well as an objective for Individual #1 to choose an activity to engage in if he woke up early. However, Individual #1's record did not include	W 312		

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W 312	Continued From page 6 preventative non-drug interventions to aid Individual #1 with his sleep. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated the total hours of sleep and choose activity upon waking were the only objectives for Individual #1 related to sleep. She stated Individual #1 did not have a sleep time routine program in place. The facility failed to ensure Individual #1's medication was used only in conjunction with a program that was directed at reducing the behavior for which the medication was prescribed. 2. Individual #2's IPP, dated 1/7/14, documented he was an 11 year old male whose diagnoses included mild mental retardation. a. Individual #2's Physician's Orders, dated 4/2014, documented he received Intuniv (an antihypertensive drug) 4 mg daily. Individual #2's Reduction and Increase Plan for psychotropic medications, updated 4/4/14, documented Intuniv was prescribed for ADHD to help Individual #2 "focus and participate throughout the day." The plan stated "Intuniv will not be considered for a reduction at this time." Additionally, the plan documented "Intuniv will not be targeted for an increase at this time." Individual #2's reduction plan did not include any information regarding how the Intuniv would be adjusted in relation to Individual #2's ADHD. During an interview on 4/16/14 from 12:10 - 12:40 p.m., the PQIDP stated Intuniv did not have a	W 312		

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W 312	Continued From page 7 reduction plan related to the prescribed symptoms and the reduction plan would be revised. The facility failed to ensure Individual #1 and Individual #2's psychotropic medications were comprehensively incorporated into a plan that identified how the drugs may change in relation to progress or regression.	W 312		

PRINTED: 04/23/2014
FORM APPROVED

Bureau of Facility Standards

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the annual licensure survey conducted from 4/14/14 to 4/18/14. The survey was conducted by: Ashley Henscheid, QIDP, Team Leader	M 000		
MM112	16.03.11.050.01(d) Residential Facility The residential facility is to admit only residents who have had a comprehensive evaluation, covering physical, emotional, social, and cognitive factors, conducted by an appropriately constituted interdisciplinary team. This Rule is not met as evidenced by: Refer to W210.	MM112	MM112 Refer to W210 RECEIVED MAY - 2 2014 FACILITY STANDARDS	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197	MM197 Refer to W210 Pen&ink change: Refer to W312 per Program Director on 5.5.14.	
MM412	16.03.11.120.04(m) Furniture and Equipment All furniture and equipment must be maintained in a sanitary manner, kept in good repair, and must be so located to permit convenient use by residents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure all furniture was kept in good repair for 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in individuals' dressers and seating being kept in	MM412	MM412 all indentified deficiencies will be Repaired, replaced, or Planned to meet regulations. House Manager + Maintenance Responsible by	5/7/14

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 4/30/14

Bureau of Facility Standards

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MM412	Continued From page 1 ill-repair. The findings include: An environmental review was conducted on 4/15/14 from 9:16 - 10:15 a.m. During that time, the following concerns were noted: - All five of the drawers of Individual #1's dresser were missing stops on the back to prevent them from falling out when opened. - The two handles of the bottom drawer of Individual #1's dresser were broken. - All eight of the drawers of Individual #4's dresser were missing stops on the back to prevent them from falling out when opened. - The top drawer of Individual #5's dresser was missing stops on the back to prevent it from falling out when opened. - The chair in the corner of the medication administration room had various, dark stains. - The love seat in the corner of the living/sensory room had various, dark stains. - The couch in the living/sensory room had various, dark stains. - The rocking chair in the living/sensory room had various, dark stains. The facility failed to ensure furniture repairs were maintained.	MM412	House Manager to check furniture & equipment weekly and document on PSR - check sheet. Sheet to be reviewed by QMRP House Manager responsible by 5/7/14	