



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

October 7, 2014

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

RE: Tomorrow's Hope - Meridian, Provider #13G033

Dear Mr. Pond:

This is to advise you of the findings of the Medicaid/Licensure survey, which was conducted at your facility, Tomorrow's Hope - Meridian, on October 3, 2014.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, which states that no Federal deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction 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
October 7, 2014
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 **October 19, 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 October 19, 2014. If a request for informal dispute resolution is received after October 19, 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,


TRISH O'HARA
Health Facility Surveyor
Non-Long Term Care


NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt
Enclosures

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/03/2014
NAME OF PROVIDER OR SUPPLIER TOMORROW'S HOPE - MERIDIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 1821 GREENHEAD 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	<p>INITIAL COMMENTS</p> <p>Tomorrow's Hope Meridian is in compliance with the requirements of 42 CFR 483 Subpart I, Conditions of Participation: Intermediate Care Facilities for Persons with Intellectual Disability. The annual recertification and complaint survey was conducted from 9/29/14 to 10/3/14.</p> <p>The survey was conducted by: Trish O'Hara, RN, Team Leader Jim Troutfetter, QIDP</p>	W 000			

RECEIVED
OCT 20 2014
FACILITY STANDARDS

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

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.

J. Whitcomb PD 10/17/14

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2014
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M 000	16.03.11 Initial Comments The following deficiencies were cited during the annual licensing survey and complaint investigation conducted from 9/29/14 to 10/3/14. The survey was conducted by: Trish O'Hara, RN, Team Leader Jim Troutfetter, QIDP	M 000		
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 7 of 7 individuals (Individuals #1 and #7). This had the potential to negatively impact an individual's health. The findings include:	MM269	<p>RECEIVED OCT 20 2014 FACILITY STANDARDS</p> <p>⇒ all screens were replaced by maintenance man Responsible person maintenance man By 10/15/14</p> <p>⇒ a walk through of all rooms was completed to ensure screens were all on windows maintenance Responsible By 10/15/14</p>	
	1. During an environmental observation on 9/30/14 from 10:40 - 11:05 a.m., it was noted there were no screens on the bedroom windows for the following bedrooms: - The bedroom window of Individuals #4 and #6 did not have a screen. - Two of the dining room windows were missing screens. The facility failed to be maintained in such a way as to prevent insects from entering.		<p>9 Screens on windows were added to the HM weekly walk through HM Responsible by 10/15/14</p> <p>⇒ PD will review weekly walkthroughs a monthly QA and add any needed items to action list</p>	

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

PD responsible by 10/15/14
TITLE (X6) DATE
⇒ House maintenance PSR

has all screens in place
and is house free of insects
Rodents and other Pest
PD to review at quarterly
monthly
PD Responsible By 10/15/14

Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER
TOMORROW'S HOPE - MERIDIAN

STREET ADDRESS, CITY, STATE, ZIP CODE
1821 GREENHEAD
MERIDIAN, ID 83642

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MM380	<p>16.03.11.120.03(a) Building and Equipment</p> <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 7 of 7 individuals (Individuals #1 - #7) 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 9/30/14 from 10:40 - 11:05 a.m. During that time, the following was noted:</p> <ul style="list-style-type: none"> - The toilet in the bathroom between individual #3 and individual #4's bedrooms was missing the toilet bolt covers. - There was a thick accumulation of dust in the exhaust fan in both bathrooms. - There was an accumulation of dust in the return vent on the ceiling by the laundry room. - The sink in the bathroom of individual #2's room drained slowly. <p>The facility failed to ensure environmental repairs were completed and maintained.</p>	MM380	<p>→ all items were fixed / cleaned by HM & maintenance man by 10/15/14 maintenance responsible by 10/15/14</p> <p>→ trained with HM they should be checking for these items on their weekly walk through and all items added to maintenance HM responsible by 10/15/14</p> <p>→ HM to complete weekly walk through and Program Director will review at monthly M&A and add to action list PD responsible by 10/15/14</p> <p>→ HM will review maintenance list weekly and notify maintenance HM responsible by 10/15/14</p>	

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MM689 MM689	<p>Continued From page 2</p> <p>16.03.11.250.09(b) Supplies</p> <p>Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a two (2) day period must be maintained on the premises.</p> <p>This Rule is not met as evidenced by: Based on observation, staff interview and menu review, it was determined the facility failed to ensure sufficient supplies of staple foods were maintained on the premises for 7 of 7 individuals (Individuals #1 - #7) residing at the facility. This resulted in a lack of sufficient food supplies with which to prepare meals. The findings include:</p> <p>During an observation on 9/29/14 from 1:14 - 2:05 p.m., the facility's staple food supplies were observed and noted to not be sufficient for seven individuals for seven days.</p> <p>The staple food storage area contained the following staples:</p> <ul style="list-style-type: none"> - Six 30 ounce cans of fruit. - Four cans of spaghetti sauce. - Four 16 ounce cans of refried beans. - One 15 ounce can of beets. - One 24 ounce can of pork. - One 4 ounce can of tuna. - One 14.5 ounce can of diced tomatoes. - Six 10.75 ounce cans of condensed soup. - One 40 ounce box of Jiffy baking mix. - Four 8.5 ounce boxes of Jiffy Muffin mix. - One box of Saltine crackers. - Two 47.3 ounce jars of apple sauce. - One-half 24 ounce bag of dry cereal. <p>During an additional observation on 9/30/14 at 6:00 a.m. one box of oatmeal and one jar of peanut butter was noted to be in the pantry, which</p>	MM689 MM689		

Bureau of Facility Standards

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MM689	Continued From page 3 was not present during the 9/29/14 observation. When asked, the Home Manager who was present, stated it was purchased the night before so they would have it for breakfast. The facility failed to ensure sufficient staple food supplies were maintained at the facility. NOTE: The food supplies were again reviewed on 9/30/14 at 7:40 a.m. and found to have sufficient staples.	MM689	<p>→ Food was purchased to ensure that there is one week of staple food and at least 2 days of perishable foods available HM Responsible By 10/10/14</p> <p>→ Checking food supply will be added to the weekly walk through. ^{needed items will be purchased} HM responsible by 10/10/14</p> <p>→ weekly walk through will be reviewed by program director at monthly CA PD responsible By 10/10/14</p>	



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October 14, 2014

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

RE: Tomorrow's Hope - Meridian, Provider #13G033

Dear Mr. Pond:

On **October 3, 2014**, a complaint survey was conducted at Tomorrow's Hope - Meridian. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00006692

Allegation #1: Individuals are not provided with appropriate health care services.

Findings #1: An unannounced on-site investigation survey was conducted from 9/29/14 - 10/3/14. During that time, record reviews, staff interviews and observations were completed with the following results:

Observations were conducted on 9/29/14 from 1:14 - 2:05 p.m. and 4:00 - 6:15 p.m. and on 9/30/14 from 5:58 - 7:50 a.m. During the observations, one individual was observed to be lethargic and was noted to have a fever of 102.9 degrees Fahrenheit. The facility's nurse was promptly notified and the individual was subsequently admitted to a local hospital.

Throughout the survey 7 direct care staff were interviewed. Direct care staff consistently stated they believed individuals were being provided with appropriate health care services.

Additionally, the medical records of 4 individuals were reviewed. All individuals' records documented they received prompt and ongoing medical intervention as indicated by their condition. Examples included, but were not limited to:

- An individual fell the morning of 6/2/14 causing a swollen left elbow. The individual was taken to a local urgent care for an x-ray the same evening. The x-ray showed no fracture to the elbow.
- On 4/4/14 at 6:30 p.m. staff noted 2 individuals' eyes were pink. The individuals were taken to a clinic for treatment of pink eye immediately.
- An individual fell on 3/8/14 landing on her bottom. The individual was admitted to a local hospital later the same day after over the counter medication for pain relief was ineffective. The individual was diagnosed with two fractured vertebrae. The individual was discharged from the hospital to the facility on 3/21/14. The facility provided ongoing pain management including medication and other interventions such as a hospital bed. The head of the hospital bed was elevated as laying flat caused the individual pain. Home health services were initiated upon her release from the hospital. The home health personnel (Physical Therapist and Registered Nurse) provided oversight of the individual's recovery and training to staff related to her care. Visits to the doctor were made for pain assessment and pain medication was adjusted on 4/21/14, 4/25/14, 5/16/14, 7/3/14, and 7/16/14.
- An individual had seizure activity on 4/14/14 at 4:28 A.M. and again at 6:00 A.M. He then had difficulty bearing weight on his left foot during the day and his left second toe was noted to be red and swollen. He was taken to a local clinic the same evening where x-ray revealed a fracture in the toe. The incident was investigated per policy. It was concluded that he possibly kicked the bedframe during seizure activity, causing the fracture.

It could not be substantiated that the facility was not providing appropriate health care services for the individuals. Therefore, due to a lack of sufficient evidence the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #1: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: There is not a sufficient supply of food in the facility.

Findings #2: An unannounced on-site investigation survey was conducted from 9/29/14 - 10/3/14. During that time, observations and staff interviews were completed with the following results:

During an observation on 9/29/14 from 1:14 - 2:05 p.m., it was noted 7 individuals resided at the facility. The facility's staple food supplies were also observed. The staple food storage area contained the following:

- Six 30 ounce cans of fruit.
- Four cans of spaghetti sauce.
- Four 16 ounce cans of refried beans.
- One 15 ounce can of beets.
- One 24 ounce can of pork.
- One 4 ounce can of tuna.
- One 14.5 ounce can of diced tomatoes.
- Six 10.75 ounce cans of condensed soup.
- One 40 ounce box of Jiffy baking mix.
- Four 8.5 ounce boxes of Jiffy Muffin mix.
- One box of Saltine crackers.
- Two 47.3 ounce jars of apple sauce.
- One-half 24 ounce bag of dry cereal.

During an additional observation on 9/30/14 at 6:00 a.m. one box of oatmeal and one jar of peanut butter was noted to be in the pantry that was not there during the 9/29/14 observation. When asked, the Home Manager who was present, stated it was purchased the night before so they would have it for breakfast.

The facility's food supply was not sufficient to sustain 7 individuals for 7 days. Therefore, the allegation was substantiated and deficient practice was cited at M689 as it relates to maintaining a 1 week supply of non-perishable food.

Conclusion #2: Substantiated: State deficiencies related to the allegation are cited

Allegation #3: There is not a sufficient number of staff to meet individuals needs.

Findings #3: An unannounced on-site investigation survey was conducted from 9/29/14 - 10/3/14. During that time, record reviews, staff interviews and observations were completed with the following results:

Observations were conducted on 9/29/14 from 1:14 - 2:05 p.m. and 4:00 - 6:15 p.m. and on 9/30/14 from 5:58 - 7:50 a.m. During the observations, facility staffing was noted to be sufficient to meet the needs of the clients.

Additionally, 7 direct care staff were interviewed and stated even though they were not fully staffed, they were able to meet individuals' needs by working overtime. The facility's "as worked" schedules were reviewed from 1/15/14 - 9/27/14 and documented staff had been working over time and working back to back shifts to maintain sufficient staffing to meet individuals' needs.

It could not be substantiated that the facility was not providing sufficient staffing to meet individuals' needs. Therefore, due to a lack of sufficient evidence the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #3: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: Individuals assault each other without the assaults being documented or investigated.

Findings #4: An unannounced on-site investigation survey was conducted from 9/29/14 - 10/3/14. During that time, record reviews, staff interviews and observations were completed with the following results:

Observations were conducted on 9/29/14 from 1:14 - 2:05 p.m. and 4:00 - 6:15 p.m. and on 9/30/14 from 5:58 - 7:50 a.m. During these observations, no individual to individual assaults were observed. Additionally, 7 direct care staff were interviewed and stated 1 individual in the facility would grab staff's hands or tap them, but staff had never seen the individual assault other individuals.

Further, Incident and Accident forms and investigations were reviewed from 1/15/14 - 9/27/14. No documentation of individual to individual assaults was present.

It could not be substantiated that individuals were assaulting other individuals. Therefore, due to a lack of sufficient evidence the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #4: Unsubstantiated. Lack of sufficient evidence.

Allegation #5: Staff are not reporting other staff's suspicious behavior indicative of drug use.

Findings #5: An unannounced on-site investigation survey was conducted from 9/29/14 - 10/3/14. During that time, record reviews, staff interviews and observations were completed with the following results:

Observations were conducted on 9/29/14 from 1:14 - 2:05 p.m. and 4:00 - 6:15 p.m. and on 9/30/14 from 5:58 - 7:50 a.m. During these observations, no direct care staff were note to engage in behavior that would be indicative of substance abuse. Additionally, 7 direct care staff were interviewed. All staff stated they had not observed any staff that may have been working under the influence.

Thair Pond, Administrator
October 14, 2014
Page 5 of 5

Further, 4 individual records and 6 staff personnel records were reviewed. All 4 individuals' records documented the individuals received appropriate care and services for their identified needs and personnel records did not contain any disciplinary actions for working while impaired or neglecting individuals.

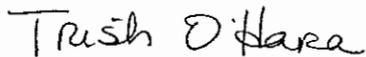
It could not be substantiated that direct care staff worked while impaired. Therefore, due to a lack of sufficient evidence the allegation was unsubstantiated and no deficient practice was identified.

Conclusion #5: Unsubstantiated. Lack of sufficient evidence.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



TRISH O'HARA
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

TO/pmt