



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	Opportunities Unlimited, Inc.	<b>Region(s):</b>	2
<b>Agency Type:</b>	Developmental Disability Agency	<b>Survey Dates:</b>	May 10-12, 2016
<b>Certificate(s):</b>	2OUI004-3; 2OUI004-1; 2OUI004-5	<b>Certificate(s) Granted:</b>	<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)
16.03.21.410.01.a 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: a. Participate in fire and safety training upon employment and annually thereafter; (7-1-11)	In review of staff training documentation, staff #4 and #6 had a lapse in their fire safety training.	<ol style="list-style-type: none"> <li>1. This occurred in 2014 and these staff assisted with providing the training for those individuals they supervised, but neglected to document training for themselves. They were current for 2015 and will receive fire training again in 2016 in June.</li> <li>2. No other staff were missing Fire training</li> <li>3. Site Manager</li> <li>4. QA team will audit for initial fire training and annual thereafter for each staff</li> </ol>	5/27/2016



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<p>16.03.21.410.01.b 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and (7-1-11)</p>	<p>In review of staff training documentation, Staff #2 had a lapse in CPR and 1<sup>st</sup> Aid certification from 2/29/16 until 3/18/16. Review of documentation also found that staff #10 had a lapse in first aid certification from 7/25/14 until 8/31/2014.</p>	<p>1. <i>It was actually staff #6, not staff #10. Lapse already occurred. QA team and Site Managers will monitor this area closely using site secretary to assist.</i> 2. <i>No other staff were found to be out of compliance</i> 3. <i>Administrator and site Managers</i> 4. <i>Further training on the importance of keeping requirements current and steps to take to avoid lapses was provided to Supervisory staff; site secretaries; and the QA team. QA team will monitor for compliance.</i></p>	<p>6/6/2016</p>
<p>16.03.21.410.01.b.i 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff</p>	<p>In review of staff training documentation, staff #2 had a lapse in CPR and first aid certification from 2/29/16 until 3/18/16. Service</p>	<p>1. <i>QA team and Site Managers will monitor this area closely using site secretary to assist.</i> 2. <i>No other staff were found to be out of</i></p>	<p>6/6/2016</p>



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<p>specific to service delivery to the participant is completed as follows: 01. Yearly Training. The DDA must ensure that staff or volunteers who provide DDA services complete a minimum of twelve (12) hours of formal training each calendar year. Each agency staff providing services to participants must: b. Be certified in CPR and first aid within ninety (90) days of hire and maintain current certification thereafter; and i. The agency must ensure that CPR and first-aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-11)</p>	<p>documentation shows that staff #2 worked alone with participants the week of 3/7/16.</p>	<p><i>compliance</i> 3. Administrator and site Managers 4. Further training on the importance of keeping requirements current and steps to take to avoid lapses was provided to Supervisory staff; site secretaries; and the QA team. QA team will monitor for compliance</p>	
<p>16.03.21.500.03.a. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing</p>	<p>In review of facility #2 facility standards documentation, it was identified that this facility had not had a qualified fire inspection since January of 2015. A fire inspection was completed and report</p>	<p>1. Annual Fire inspections will be sent to corporate office and tracked for compliance. 2. No other lapses were found. 3. President and Site manager</p>	<p>5/13/2016</p>



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<p>center-based services. 03. Fire and Safety Standards. a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-11)</p>	<p>provided on 5/13/16. This exceeds the annual requirement in rule.</p>	<p>4. QA team will monitor for compliance</p>	
<p>16.03.21.500.03.g. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this</p>	<p>In review of facility standards requirements for facility #2, the water temp in this facility was measured at 134.7 degrees. This was verified in the</p>	<p>1. <i>Click here to enter text.</i> 2. <i>All other sites had correct water temperatures.</i> 3. <i>Site Managers</i></p>	



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<p>rule, apply when an agency is providing center-based services. 03. Fire and Safety Standards. g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-11)</p>	<p>presence of the facility developmental specialist. Temperature on the hot water heater was adjusted and retested later in the day with a water temperature of 115. <b>This citation was Corrected during survey. You must answer questions 2-4 in your plan of correction.</b></p>	<p><i>4. Staff checking water temperature for monthly inspection had mistakenly turned the knob the wrong way. Staff in charge of checking and adjusting temperature have received additional training. A mark or arrow will be added to reduce chance of errors when adjusting temperature. Monthly checks will continue.</i></p>	
<p>16.03.21.500.03.h. 500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. 03. Fire and Safety Standards. h. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (7-1-11)</p>	<p>In review of facility standards requirements for facility #1, there were no emergency telephone numbers posted near the telephone. After this was identified, they were placed by all phones in this facility. <b>This citation was corrected during survey . You must answer questions 2-4 in your plan of correction.</b></p>	<p><i>1. Click here to enter text. 2. This was limited to the main OUI site which had recently gotten new phones and it was neglected to add the emergency #'s sticker to new phones. Other sites were in compliance. 3. Safety officer and site Manger 4. Monthly checks will occur for compliance</i></p>	
<p>16.03.21.601.01.d.</p>	<p>In review of participant records it was</p>	<p><i>1. Living arrangement line will be added</i></p>	<p>6/30/2016</p>



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<p>601. Each DDA certified under these rules must maintain accurate, current, and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules.</p> <p>01. General Records Requirements. Each participant record must contain the</p>	<p>identified that the profile sheets for the following participants were missing the corresponding information:            Participants #1,2,4,5,7 – The "participant/data/medical information sheet" is being used as the 'Profile sheet" and does not include living arrangement.            Participant #4 "participant/data/medical information sheet" and the Intake/profile sheet" were referenced and the only reference to marital status is blank.            Participant #7 - Physician's medical care evaluation states she is allergic to Augmentin. Agency profile sheet states she does not have any allergies therefore, is incorrect in regards to addressing "allergies".</p>	<p><i>to participant data/profile sheet and updated for all participants. Complete by 6/30/2016</i></p> <p><i>2. Review of data/profile sheets to occur and corrections made for any found to be deficient.</i></p> <p><i>3. DS and Site manager</i></p> <p><i>4. Retraining of individuals completing forms to occur to address writing N/A rather than leaving any field blank and carefully reviewing data/profile sheets for accuracy against existing reports/evaluations. Training will be complete by 6/3/2016.</i></p>	



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<p>following information: d. Profile sheet containing the identifying information reflecting the current status of the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-11)</p>			
<p>16.03.21.905.03.b. 905.PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. 03.Method of Informing Participants of Their Rights. Each DDA must ensure and</p>	<p>In review of all participant rights posting, the rights documents posted in facility #1 were missing one the DDA rights (free from mechanical restraint). <b>This was corrected during survey. <u>You must answer questions 2-4 in your plan of correction.</u></b></p>	<ol style="list-style-type: none"> <li>1. <i>Click here to enter text.</i></li> <li>2. <i>Recent painting had led to the removal of the participant rights and they were not put back up. This was limited to one OUI site the other sites were in compliance.</i></li> <li>3. <i>QA team and site manager</i></li> <li>4. <i>Monthly inspections and annual QA audit.</i></li> </ol>	<p><i>Click here to enter a date.</i></p>



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document that each person receiving services is informed of his rights in the following manner: b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-11)			

**Agency Representative & Title:** Tammy McCafferty, Administrator/Program Manager

**Date Submitted:** 5/27/2016

\* By entering my name and title, I agree to implement this plan of correction as stated above.

**Department Representative & Title:** Click here to enter text.

**Date Approved:** Click here to enter a date.

\* By entering my name and title, I approve of this plan of correction as it is written on the date identified.