



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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October 6, 2010

Brenda Montgomery, Administrator  
Opportunities Unlimited, Inc.  
325 Snake River Avenue  
Lewiston, ID 83501

Dear Ms. Montgomery:

Thank you for submitting Opportunities Unlimited, Inc. Plan of Correction for Residential Habilitation services dated June 21, 2010. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Opportunities Unlimited, Inc a full certificate effective June 21, 2010 unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Please submit these documents in order of citation, following the plan of correction findings. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction and no later than December 21, 2010. . You may submit supporting documentation as follows:

NOTE: Please assure that each document submitted as supporting documentation is directly referenced to a citation.

Fax to: (208) 364-1811

Email to: [milesq@dhw.idaho.gov](mailto:milesq@dhw.idaho.gov)

Mail to: Medicaid- Elder

Attn: DDA/RH Survey and Certification

PO Box 83720

Boise Idaho 83720

Or deliver to: Department of Health and Welfare  
3232 Elder Street, Boise, ID 83720

You can reach me if you have any questions at 364-1828.

Thank you for your patience and accommodating us through the survey process.

Greg Miles

Medical Program Specialist

DDA/RH Survey and Certification

# Statement of Deficiencies

Residential Habilitation Agency

Opportunities Unlimited, Inc.

325 Snake River Ave

RHA-733

Lewiston, ID 83501

(208) 743-1563

**Survey Type:** Recertification

**Entrance Date:** 5/25/2010

**Exit Date:** 5/27/2010

**Initial Comments:** Survey Team Members: Rebecca Fadness, Program Supervisor; Greg Miles, Medical Program Specialist; Carrie Johns, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.011.01	Program Implementation Plan	
011 DEFINITIONS -- M THROUGH Z. For the purposes of these rules the following terms are used as defined below: (3-20-04) 01. Measurable Objective. A statement which specifically describes the skill to be acquired or service/support to be provided, includes quantifiable criteria for determining progress towards and attainment of the service, support or skill, and identifies a projected date of attainment. (7-1-95)	<p>For four of four participants reviewed, documentation showed objectives that were not measurable.</p> <p>For example:</p> <p>[Participant 1] had a program to speak clearly, which could be interpreted differently depending on the staff and how long they had worked with him.</p> <p>[Participant 2] had a program to obtain nutritious foods, which could be construed differently depending on the staff's perceptions of what nutritious food actually is.</p>	<p>1) Res Hab PIPs will be revised by changing objective statement to be measurable and/or giving clarification through defining what terms mean for staff when more than 1 conclusion could be made. Program Coordinators will receive further training in this area.</p> <p>2) All Res Hab PIPs will be audited and if any are found to be similarly deficient then they will be corrected as stated in #1.</p> <p>3) Program Manager and Program Coordinator.</p> <p>4) QA team will audit files for compliance.</p> <p>5) For sample corrections will be made by 9/21/2010 and for all others by 11/21/2010.</p>

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**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:**

<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
<p>16.04.17.302.03</p> <p>302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)</p>	<p>Service Provision Procedures</p> <p>There was no documentation found indicating that satisfaction surveys were performed and reviewed quarterly.</p>	<p>1) Program Coordinators will be trained on quarterly compliance of satisfaction survey and required to document on the "record of documents form" that surveys are sent out each quarter. Satisfaction surveys for calendar 2nd quarter were sent out and documented.</p> <p>2) All Res Hab files will be audited and any files found to be deficient will be sent a satisfaction survey.</p> <p>3) Program Manager and Program Coordinator.</p> <p>4)QA team will audit files for compliance.</p> <p>5) For sample by 6/30/2010 and all others by 9/30/2010.</p>

Residential Habitation Agency	Opportunities Unlimited, Inc.	5/27/2010
<p><b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm</p> <p><b>Date to be Corrected:</b></p> <p><b>Administrator Initials:</b></p>		
<p><b>Administrator Signature (confirms submission of PDC):</b></p> <p><i>Byla m. s...</i></p>	<p>Date: 6/6/10</p>	
<p><b>Team Leader Signature (signifies acceptance of PDC):</b></p> <p><i>Ray Miller</i></p>	<p>Date: 10/6/10</p>	