IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 12, 2008

Administrator, Brenda Montgomery
Opportunities Unlimited Inc
325 Snake River Ave
Lewiston, Idaho 83501

Dear Ms Montgomery,

Thank you for submitting the Plan of Correction for Opportunities Unlimited Residential Habilitation services dated 8/1/2008. 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 a full certificate effective August 12, 2008 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. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction **and no later than 10/7/2008**. You may submit supporting documentation as follows:

Fax to: 208-364-1811,
Email to:fadnessr@dhw.idaho.gov,
Mail to: Rebecca Fadness, Survey and Certification PO Box 83720, Boise Idaho 83720-0036
Or deliver to: DHW 3232 Elder Street, Boise Idaho 83720

You can reach me if you have any questions at 208-364-1906 or 1-877-457-2815.

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

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

01/08

IDAHO DEPARTMENT OF HEALTH & WELFARE

RESIDENTIAL HABILITATION AGENCY COMPLIANCE REVIEW

AGENCY NAME: ___OPPORTUNITIES UNLIMITED_____ **REVIEW DATE(s):** _5/19-5/23/08_____

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

REVIEW TEAM MEMBERS: Rebecca Fadness and Cynthia Jonsson

SURVEY FINDINGS

Therapy Observation Notes:
The observations of services were all very positive. Participants live in the community in typical neighborhoods or apartments integrated and inclusive in the community. No homes/apartments were connected to or next door to the homes/apartments of other people receiving DD services. The staff in all situations did a good job of allowing participants who were receiving services in their homes to interact with the surveyors on their own. It is evident that they promote participant independence.

One participant lives by herself in a small, convenient apartment. She has good family support. She is able to access public transportation and uses it to get out into the community for shopping and social activities.

The second participant who was observed lives in a house that she owns. She has a roommate.

Deficiencies:	Agency's Plan for Compliance:
16.03.10.705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. **01. Residential Habilitation** **d.** Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency and include at a minimum:	• What corrective action(s) will be taken? **A Residential Habilitation Service Employee Training form will be created to document and record training specific to each participant that is in compliance with IDAPA 16.03.10.705. This form will show staff's initial orientation training, and ongoing training and the dates training occurred.** • How will the agency identify staff who may be affected by the deficiency(s). If

FINDINGS: Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There is no documentation that the required additional training is provided within the first six months as outlined in this rule.	staff are identified what corrective action will be taken? **This will be applied to all staff currently working Residential Habilitation.** • Who will be responsible for implementing each corrective action? **President and Program Coordinator.** • How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **QA team will monitor for compliance.** • Dates for when the corrective action will be completed? **9/30/08**
16.04.17.302. 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. **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There is no documentation of a satisfaction review at least quarterly or more often if required by the participant's condition or program.	• What corrective action(s) will be taken? **Satisfaction surveys will be sent out for all Residential Habilitation Participants and documented in the "Record of Documents Sent Form" for each participant.** • How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **Since participants do not always return surveys OUI will send new ones to all current Res Hab participants.** • Who will be responsible for implementing each corrective action? **President and Program Coordinator.** • How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **QA team will monitor for compliance.** • Dates for when the corrective action will be completed? **8/15/08**
16.04.17.402. PARTICIPANT RIGHTS **c**. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; **FINDINGS:** Based upon documents review the agency is not in compliance. Agency files **lacked evidence as follows:** • There is no documentation that the agency informs participants, or legal guardian of the benefits and risks of services and alternative forms of services available.	• What corrective action(s) will be taken? **A form acknowledging that the participant and/or their legal guardian have been informed of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available will be created and used for all current and future participants.** • How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? **All current Res Hab participants and/or their legal guardian will have the above explained to them and an acknowledgement form attesting to this will be placed in their permanent file.** • Who will be responsible for implementing each corrective action? **President and Program Coordinator.** • How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? **QA team will monitor for compliance.** • Dates for when the corrective action will be completed? **9/30/08**

Survey report completed by : _____Cynthia Jonsson_____ Date: ___6/13/08_____

01/08

IDAHO DEPARTMENT OF HEALTH & WELFARE

Agency Administrator Signature: _____ Date: 8-1-08

Plan of correction accepted: Rebecca Andrews Date: 8/12/08

PAGE 4/4 * RCVD AT 8/1/2008 4:16:43 PM [Mountain Daylight Time] * SVR:DHWRIGHTFAX/0 * DNIS:1811 * CSID:2087980340 * DURATION (mm-ss):01-22