



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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June 28, 2013

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

Dear Ms. Montgomery:

Thank you for submitting the Plan of Correction for Opportunities Unlimited, Inc. dated June 7, 2013, in response to the recertification survey concluded on May 23, 2013. The Department has reviewed and accepted the Plan of Correction.

As a result, we have issued Opportunities Unlimited, Inc. a three-year certificate effective from July 1, 2013, through June 30, 2013, unless otherwise suspended or revoked. Per IDAPA 16.03.21.125, this certificate is issued on the basis of substantial compliance and is contingent upon the correction of deficiencies.

Thank you for your patience while accommodating us through the survey process. If you have any questions, you can reach me at (208) 239-6267.

Sincerely,

PAMELA LOVELAND-SCHMIDT, Adult & Child DS  
Medical Program Specialist  
DDA/ResHab Certification Program

PLS/slm

Enclosures

1. Approved Plan of Correction
2. Renewed Developmental Disability Agency Certificate



# Statement of Deficiencies

*Developmental Disabilities Agency*

Opportunities Unlimited, Inc.  
20UI004-1

325 Snake River Ave  
Lewiston, ID 83501-  
(208) 743-1563

**Survey Type:** Recertification

**Entrance Date:** 5/21/2013

**Exit Date:** 5/23/2013

**Initial Comments:** Survey Team: Pam Loveland-Schmidt, Medical Program Specialist, DDA/ResHab Certification Program; and Eric Brown, Supervisor, DDA/ResHab Certification Program.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
16.03.10.655.03.f.iii 655. DDA SERVICES: PROCEDURAL REQUIREMENTS. 03. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. (7-1-11) f. A current psychological assessment must be updated in accordance with Subsection 655.03.f. of these rules: (3-29-12) iii. When a participant has been diagnosed with mental illness; or (7-1-11)	Review of agency documentation revealed that the file for Participant 1 did not contain a current psychological evaluation. Participant 1 had been diagnosed with a mental illness.	1. What actions will be taken to correct the deficiency? Current evaluation will be obtained.  2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? All files will be audited and corrected if deficient. Training for DS, CS, and QA team will occur to address this area.  3. Who will be responsible for implementing each corrective action? President and Program manager  4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Quarterly audits by the QA team.	2013-08-15

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.101.02.w.v</p> <p>101. APPLICATION FOR INITIAL CERTIFICATION.</p> <p>02. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Subsection 005.06 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-11)</p> <p>w. When center-based services are to be provided, the following are also required for each service location: (7-1-11)</p> <p>v. Evidence of compliance with local building</p>	<p>Agency records lacked evidence of compliance with local building and zoning codes, including the occupancy permit.</p>	<p>1. What actions will be taken to correct the deficiency? Occupancy permit was obtained from the City.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? This was an isolated incident. In the future copies will be kept at the Main OUI office.</p> <p>3. Who will be responsible for implementing each corrective action? President, Program managers</p>	<p>2013-06-14</p>

<p>and zoning codes, including occupancy permit; (7-1-11)</p>		<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? QA team will monitor quarterly for compliance.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.03                      400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.                      Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11)                      03. Clinical Supervisor Duties. A clinical supervisor must be employed by the DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for: (7-1-11)</p>	<p>The agency's policies and procedures lacked documentation that the clinical supervisor was readily available on-site to provide supervision of paraprofessionals and professionals.                      For example:                      The policies addressed the clinical supervisor, but did not address "readily available on-site to provide supervision" per rule requirements.                      Employee 9's record lacked documentation of a Clinical Supervisor job description or Adult Developmental Specialist.                      Also, see IDAPA 16.03.21.101.02.i.</p>	<p>1. What actions will be taken to correct the deficiency? Policy was updated and job descriptions were added for staff.                      2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Review job descriptions and complete any missing ones.                      3. Who will be responsible for implementing each corrective action? President, Program Managers, and QA team.</p>	<p>2013-07-08</p>



<p>or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services. (7-1-11)</p>		<p>3. Who will be responsible for implementing each corrective action? President, Program manager, QA team.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Monthly reports sent to the President from the Program Managers showing observations are completed.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.400.08 400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. Each DDA is accountable for all operations, policy, procedures, and service elements of the agency. (7-1-11) 08. Records of Licenses or Certifications. The agency must maintain documentation of the staff qualifications, including copies of applicable licenses and certificates. (7-1-11)</p>	<p>One of one employee record reviewed (Employee 3) lacked documentation of current licensure.</p> <p>For example, Employee 3's record lacked a current occupational therapist license.</p> <p>The agency corrected the deficiency during the course of the survey. The agency must address questions 2-4 on the Plan of Correction.</p>	<p>1. What actions will be taken to correct the deficiency? The plan should address agency systems and not just the examples specified in the survey report. N/A</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken?</p>	<p>2013-05-23</p>

		<p>3. Who will be responsible for implementing each corrective action? President and Program Manager.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? a tracking sheet will be created to monitor when licenses expire and be viewed monthly by Program managers.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.410.01.a</p> <p>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: (7-1-11)</p> <p>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: (7-1-11)</p> <p>a. Participate in fire and safety training upon</p>	<p>Two of 11 employee records reviewed (Employees 13 and 15) lacked documentation that the employees participated in fire and safety training upon employment and annually thereafter.</p> <p>For example:</p> <p>Employee 13's record included initial fire and safety training on April 28, 2011, but did not receive annual training until December 27, 2012, which was 1 year and 8 months between trainings.</p>	<p>1. What actions will be taken to correct the deficiency? All staff are current now for fire training. Re-training of Program Managers occurred.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? None found.</p> <p>3. Who will be responsible for implementing each corrective action? President and Program managers.</p>	<p>2013-05-31</p>

<p>employment and annually thereafter; and (7-1-11)</p>	<p>Employee 15's record lacked documentation of fire and safety training for 2010.</p>	<p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Program Manager will monitor monthly and QA team will audit quarterly.</p>	
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Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.500.06.a 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. (7-1-11) 06. Housekeeping and Maintenance Services.</p>	<p>One of three facilities lacked evidence that the interior and exterior of the center was maintained in a clean, safe, and orderly manner and kept in good repair.  For example, the Moscow facility bathroom was not clean; clutter was under the urinal including unused depends. The urinal did not appear to be functional; the handle was missing. There</p>	<p>1. What actions will be taken to correct the deficiency? Clutter was removed from center. The urinal has not operated for years, but a toilet is adjacent and is fully functional. Carpet is to be replaced within 90 days to allow \$7000 to be raised. An electrician fixed the ballast.  2. What will the agency do to identify any other</p>	<p>2013-09-30</p>

(7-1-11)

a. The interior and exterior of the center must be maintained in a clean, safe, and orderly manner and must be kept in good repair; (7-1-11)

was clutter throughout the center. Eight by four foot sheets of paneling were leaning up against the back group therapy room wall. Carpet was frayed and coming up, which posed a trip hazard. There was a light ballast was out in the back group room, etc.

participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? No other sites had issues. Re-training on building maintenance and completing the monthly building inspection will be provided.

3. Who will be responsible for implementing each corrective action? President, Program manager, and QA Team.

4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Monthly internal inspections and Quarterly QA audits.

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.511.04.a</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS.</p> <p>04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-11)</p> <p>a. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program, a course approved by the Idaho State Board of Nursing, or other Department-approved training; (7-1-11)</p>	<p>The agency lacked evidence that each staff person assisting with participant medications had successfully completed and followed the "Assistance with Medications" course available through the Idaho Professional Technical Education Program, a course approved by the Idaho State Board of Nursing, or another Department-approved training.</p> <p>For example, per discussion with the agency, Participant A received assistance with her inhaler at the center in Grangeville. In addition, another individual receives assistance with her insulin in Moscow.</p>	<ol style="list-style-type: none"> <li>1. What actions will be taken to correct the deficiency? Staff from each site will attend an Assistance with Medications course.</li> <li>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? Training to occur and no medications to be assisted by uncertified staff.</li> <li>3. Who will be responsible for implementing each corrective action? President and Program Manager</li> <li>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Quarterly QA's to view training records of staff and confirm Assistance with Medications course is completed for anyone assisting participants with medications.</li> </ol>	<p>2013-08-20</p>

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.03.21.900.02.e</p> <p>900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-11)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-11)</p> <p>e. An annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction; (7-1-11)</p>	<p>The agency's quality assurance program lacked documentation of an annual review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.</p>	<p>1. What actions will be taken to correct the deficiency? A form will be created and used to track reviews, violations, and corrections and be maintained in the QA audit file.</p> <p>2. What will the agency do to identify any other participants, staff, or systems that may be affected by the deficiency? If identified, what corrective actions will be taken? None identified</p> <p>3. Who will be responsible for implementing each corrective action? President and QA team</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Annual QA audit.</p>	<p>2013-07-31</p>

<p>Administrator/Provider Signature: <i>Dale M. King, President</i></p>	<p>Date: 6/07/13</p>
<p>Department POC Approval Signature: <i>Pam Loveland-Schmidt</i></p>	<p>Date: 06/28/2013</p>

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.