



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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DIVISION OF LICENSING & CERTIFICATION
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July 1, 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 28, 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 full certificate effective from July 1, 2013, through June 30, 2016, unless otherwise suspended or revoked. Per IDAPA 16.04.17.101.02, 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

Enclosure

1. Approved Plan of Correction



Statement of Deficiencies

Residential Habilitation Agency

Opportunities Unlimited, Inc.
RHA-733

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
16.03.10.704.02.b 704. ADULT DD WAIVER SERVICES: PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) b. The plan of service developed by the plan developer and the person-centered planning team must specify which services are required by the participant. The plan of service must contain all elements required by Subsection 704.01 of these rules and a copy of the most current plan of service must be maintained in the participant's home and must be available to all service providers and the Department. (3-19-07)	Review of agency documentation and visits to participant homes revealed that Participants 1 and 2 did not have copies of their plans of service in their homes.	1. What actions will be taken to correct the deficiency? Plans were placed in the homes. Training on requirements will be provided to Program Coordinators and QA 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? Audit performed and no others found. 3. Who will be responsible for implementing each corrective action? President and Program managers. 4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Monthly home visit form will be revised and Program Manager will check each month. 5. By what date will the corrective actions be completed? Enter this date in the column to the far right.	2013-07-19

Rule Reference/Text	Findings	Plan of Correction	Date to be Corrected
<p>16.04.17.300.08</p> <p>300. POLICY AND PROCEDURE MANUAL. A policy and procedure manual must be developed by the residential habilitation agency for effectively implementing its objectives. It must be approved by the governing authority. Policies and procedures must be reviewed annually and revised as necessary. The manual must, at a minimum, include policies and procedures reflecting the following: (3-20-04)</p> <p>08. Personnel. Personnel qualifications, responsibilities, and job description. (7-1-95)</p>	<p>The agency lacked documentation of personnel qualifications, responsibilities, and job description for the Program Coordinator/QIDP.</p> <p>For example, the Program Coordinator/QIDP records lacked documentation of a job description.</p> <p>Also, see the Medicaid Provider Handbook for specific requirements.</p>	<p>Text does not flow to the next page; you will need to click in the field on the next page to continue if your Plan of Correction straddles pages. You may overwrite the instructions in this field.</p> <p>1. What actions will be taken to correct the deficiency? Job description added for position to License 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? Isolated incident.</p> <p>3. Who will be responsible for implementing each corrective action? President, Program manager, and QA team.</p> <p>4. How will the corrective actions be monitored to ensure the problem is corrected and does not recur? Quarterly QA audit.</p> <p>5. By what date will the corrective actions be completed? Enter this date in the column to the far right.</p> <p>Text does not flow to the next page; you will need to click in the field on the next page to continue if</p>	<p>2013-05-29</p>

your Plan of Correction straddles pages. You may overwrite the instructions in this field.

Administrator/Provider Signature:

Date:

Department POC Approval Signature:

B. M. [red arrow] *Pam Loveland-Schmidt*

Date:

6/28/13

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