



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

March 4, 2015

Lorraine Pratt, Administrator
Carefix-Safe Haven Homes of Wendell-Magic Valley Manor
210 North Idaho
Wendell, Idaho 83355

Provider ID: RC-932

Ms. Pratt:

On January 27, 2015, a state licensure/follow-up/revist survey and complaint investigation were conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Wendell-Magic Valley Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor

DH/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: rafi@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

February 4, 2015

CERTIFIED MAIL #: 7007 3020 0001 4050 8753

Lorraine Pratt, Administrator
Safe Haven Homes of Wendell
PO Box 306
Wendell, Idaho 83355

Ms. Pratt:

On January 27, 2015, a state licensure/follow-up survey and complaint investigation were conducted by Department staff at Carefix Management & Consulting Inc, dba Safe Haven Homes of Wendell-Magic Valley Manor. The facility was cited with a core issue deficiency for failing to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Carefix Management & Consulting Inc, dba Safe Haven Homes of Wendell-Magic Valley Manor to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies.

PROVISIONAL LICENSE:

As a result of the survey findings, a provisional license will remain in effect. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.

A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.

The conditions 1- 5 of the provisional license are as follows:

CONSULTANT:

- 1. A licensed residential care administrator consultant or a licensed RN Consultant**, with at least three years' experience working in a residential care or assisted living facility in Idaho, shall be obtained and paid for by the facility, and approved by the Department. This consultant must have an Idaho Residential Care Administrator's license or an Idaho RN license and may not also be employed by the facility or the company that operates the facility. The purpose of the consultant is to assist the facility in identifying and

implementing appropriate corrections for the deficiencies. Please provide a copy of the enclosed consultant report content requirements to the consultant. The consultant shall be allowed unlimited access to the facility's administrative, business and resident records and to the facility staff, residents, their families and representatives. The name of the consultant with the person's qualifications shall be submitted to the Department for **approval no later than February 13, 2015.**

2. A **weekly written report** must be submitted by the Department-approved consultant to the Department commencing on **February 20, 2015.** The reports will address progress on correcting the core deficiency identified on the Statement of Deficiencies as well as the non-core deficiencies identified on the punch list. When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and request a follow-up survey be scheduled. **The consultant will continue visiting the facility weekly and submitting weekly reports until the follow-up survey is completed.**

BAN ON ADMISSIONS:

3. **Ban on all new admissions.** Readmission from the hospital will be considered after consultation between the facility, consultant, the resident/family and the Department. The ban on new admissions will remain in effect until the Department has determined that the facility has achieved full compliance with the Department's licensing and certification requirements. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to impose a remedy of a limit on admissions:

920. Enforcement Remedy of Limit of Admissions.

02. Reasons for Limit on Admissions. The Department may limit admissions for the following reasons:

a. The facility is inadequately staffed or the staff is inadequately trained to handle more residents.

The limitation on admissions shall remain in effect until the Department determines the facility has achieved full compliance with IDAPA 16.03.22.

PLAN OF CORRECTION:

4. After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:
 - ◆ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
 - ◆ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
 - ◆ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
 - ◆ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
 - ◆ By what date will the corrective action(s) be completed?

An acceptable, **signed** and **dated** Plan of Correction must be submitted to the Division of Licensing and Certification within **ten (10) calendar days of your receipt of the Statement of Deficiencies.** You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

EVIDENCE OF RESOLUTION:

5. Non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with

you during the exit conference. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

01. Evidence of Resolution. *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The six (6) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by **February 26, 2015**.

ADMINISTRATIVE REVIEW

You may contest the provisional license, requirement for a consultant or ban on admission by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received no later than twenty-eight (28) days after this notice was mailed. Any such request should be addressed to:

Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

INFORMAL DISPUTE RESOLUTION

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator and consultant submit a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, the core issue deficiency still exists, a new core issue deficiency is identified, non-core deficiencies have not been corrected, or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by Carefix Management & Consulting Inc, dba Safe Haven Homes of Wendell-Magic Valley Manor. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Continuation of the Ban on Admissions
- Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Enclosure

Jamie Simpson, Program Supervisor
Residential Care/Assisted Living Program
Idaho Department of Health and Welfare

RE: Safe Haven Home of Wendell-Magic Valley Manor

February 12, 2015

Dear Jamie,

The Certified Letter received on February 6, 2015 by the Safe Haven Homes of Wendell-Magic Valley Manor, outlined a number of conditions related to the Provisional License.

Licensed Nurse Consultant

Sheri Rogers, RN, RCA with Royal Innovations, LLC worked with the facility to correct deficiencies related to the previous survey. We would like to contract with her again to assist with the January 27, 2015 survey. We understand that her role will be to assist the facility in identifying and implementing appropriate corrections for deficiencies. We were to submit the name of the consultant with her qualifications to the Department by **February 13, 2015**. Sheri Rogers is a RN licensed in the State of Idaho with three years of experience working in the assisted living environment. Her resume and official qualifications are on file at the Department. **Please consider allowing her to return as our consultant and this condition of the Provisional License met.**

Weekly Written Report

Sheri Rogers, RN, RCA is aware of the requirements for the weekly letter to the Department outlining progress on correcting the core deficiency as well as the non-core deficiencies identified. When the Consultant and the Administrator agree the facility is in full compliance, they will notify the Department and request a follow up survey to be scheduled. Sheri will submit her first weekly letter **February 20, 2015**.

Ban on Admissions

We understand that the facility has a ban on all new admissions. Readmissions from the hospital will be considered after consultation between the facility, consultant, the resident/family and the Department. The ban shall remain in effect until the Department determines the facility has achieved full compliance with IDAPA 16.03.22.

Plan of Correction

We have studied the Statement of Deficiencies and will be submitting a signed and dated Plan of Correction within **10 calendar days** of receiving the Statement of Deficiencies. The packet containing the survey arrived on the afternoon of **February 6, 2015**.

Evidence of Resolution

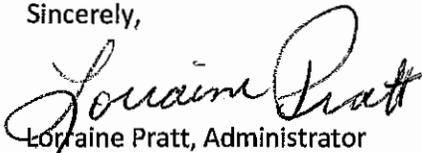
The non-core issues identified on the January 27, 2015 have been reviewed and are being addressed. We understand that Evidence of Resolution for the non-core issues must be corrected and evidence submitted to the Department by **February 26, 2015**.

Follow Up Survey

We understand that an on-site follow up survey will be scheduled after the Administrator and Consultant submit a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. We have reviewed the enforcement actions that may be taken against the facility if we do not clear this survey.

We are committed to correcting the identified deficiencies and having the conditions of the Provisional License lifted.

Sincerely,



Lorraine Pratt, Administrator
Magic Valley Manor-Wendell

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R932	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/27/2015
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NAME OF PROVIDER OR SUPPLIER CAREFIX-SAFE HAVEN HOMES OF WENDELL	STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH IDAHO WENDELL, ID 83355
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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R 000	<p>Initial Comments</p> <p>The following repeat deficiency was cited during the follow-up survey and complaint investigation conducted January 26, 2015 and January 27, 2015 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> <p>Survey Definitions: ALF = Assisted Living Facility psr = psycho-social rehabilitation pt = patient RN = registered nurse</p>	R 000	<p>What will be accomplished for those residents/personnel/areas found to have been affected by the deficient practice?</p> <p>Resident #4 had a new Risk <u>I, A.</u> Assessment completed by Corporate LSW, on 1/27/15.</p> <p>Behavior plan reviewed and <u>I, B.</u> revised by Corporate LSW, on 1/7/15.</p> <p>Specific training for staff related to Resident #4's behaviors and documentation is scheduled for <u>IC</u> 2/17/15.</p> <p>A meeting was conducted by <u>IO</u> Corporate LSW on 1/29/15 for staff related to survey findings and "Dealing with Difficult Behaviors and Dangerous Residents".</p>	
{R 008}	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record</p>	{R 008}		

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Lorraine Scott Admin
 (X6) DATE
2/16/15

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R932	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 01/27/2015
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{R 008}	<p>Continued From page 1</p> <p>review, it was determined the facility admitted and retained 1 of 1 residents (Resident #4) who was violent and a danger to others.</p> <p>IDAPA 16.03.22.152.05.e, documents residents will not be admitted, or retained, who are violent or a danger to themselves or others.</p> <p>On 9/11/14, the facility had been issued a core deficiency for the admission or retention of residents who were violent or a danger to themselves or others.</p> <p>The facility submitted a plan of correction on 10/26/14 to Licensing and Certification. The facility's plan of correction documented they would be in compliance with IDAPA 16.03.152.05.e by 11/7/2014. The plan of correction contained the following:</p> <p>"Pre-admission screening includes a record review and visit by the RN...."</p> <p>"An Initial Functional Risk Assessment is completed to identify prior and current behaviors...."</p> <p>"The Administrator, RN and House Manager will review potential admits with the Regional Office prior to move in."</p> <p>Resident #4's record documented he was a 68 year-old male admitted to the facility on 8/1/14, with diagnoses that included depression and physical aggression. The record documented Resident #4 was sent to a psychiatric hospital on 1/1/15 for evaluation and treatment and was readmitted to the facility on 1/5/15.</p> <p>A "complaint investigation form," filled out by a resident and dated 11/26/14, documented Resident #4 "...swung his left arm on to my arm</p>	{R 008}	<p>Admission/Retention Checklist was completed for Resident #4 by the Administrator on 2/16/15. A meeting will be held with the Administrator, Facility Nurse and Corporate Support Personnel to discuss the outcome of this checklist.</p> <p>An inservice related to acceptable admission/retention criteria will be held for Administrator, Nurse, House Manager and Corporate Support Personnel by RN Consultant.</p>	<p>I.E.</p> <p>IF</p> <p>2/26/15</p>

Residential Care/Assisted Living

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{R 008}	<p>Continued From page 2</p> <p>between my wrist and elbow." The resident also documented she developed a bruise between her wrist and forearm after Resident #4 struck her.</p> <p>On 1/26/15 at 1:30 PM, the resident who had been hit by Resident #4 in November 2014, was interviewed. She stated that she and her husband used to sit at the same table in the dining room as Resident #4. She stated on the day of incident she had placed her arm on the table by Resident #4 and asked, "Are you okay?" She stated he slapped her arm away and said, "Hell no!" She stated she received a bruise on her arm from the incident. Additionally, she stated she was still "uncomfortable" when Resident #4 was around.</p> <p>A "complaint investigation form," filled out by a caregiver and dated 12/5/14, documented Resident #4 called her a "fucking bitch" then hit her on her upper arm. The administrator documented she talked to Resident #4 after the incident. She documented she told him that he needed to be patient and "ask the girls politely," when he wanted something.</p> <p>On 1/26/15 at 9:53 AM, a caregiver who was present at the time of the incident on 12/5/14 was interviewed. She stated Resident #4 "doubled up" his fist and "punched" the other caregiver's arm. She stated Resident #4 was unpredictable, some days he was nice but other days he was angry. She stated, she thought other residents were "leery" of Resident #4.</p> <p>An "ALF Investigation of Incident/Accident" form, dated 1/1/15 and completed by a caregiver, documented that Resident #4 "balled up his left hand and struck me with his fist on the right side of my head where my jaw and ear meet, but more up on my ear region. This blow immediately</p>	{R 008}	<p>How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action will be taken?</p> <p>All current residents and future residents could be affected. New risk assessments and review of the Acceptable Admission/Retention check list will be completed on all current residents. A meeting will be held with the Administrator, RN, House Manager and Corporate Support personnel to determine if all current residents are appropriate to continue residing at Magic Valley Manor. If deemed to have conditions outside of the scope of acceptable admission/retention, plans will be made to transfer residents to an appropriate level of care or alternative location.</p>	
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Residential Care/Assisted Living

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{R 008}	<p>Continued From page 3</p> <p>stunned me as I clasped my right side with my hands."</p> <p>The administrator documented on the "ALF Investigation of Incident/Accident" form the caregiver was bent over at the waist, slowly moving her head side to side and saying, "I never saw that coming." The administrator also documented the caregiver was sent to the emergency room for an evaluation.</p> <p>On 1/1/15, the administrator documented on a "service" note that Resident #4 "punched" the caregiver on the right side of her face. She documented the resident was sent to a psychiatric hospital after the incident. Additionally, the administrator documented that during her investigation of the incident, three residents approached her and stated they were "afraid of this resident."</p> <p>On 1/6/15, the administrator documented Resident #4 was "released and was to return" to the facility.</p> <p>The resident's record did not contain:</p> <p>*"Pre-admission screening includes a record review and visit by the RN...."</p> <p>*An "Initial Functional Risk Assessment is completed to identify prior and current behaviors...."</p> <p>*"The Administrator, RN and House Manager will review potential admits with the Regional Office prior to move in."</p> <p>A "service" note, by the facility RN and dated 1/10/15, documented he was unaware, until 1/10/15, that Resident #4 had been readmitted to the facility after physically assaulting the caregiver</p>	{R 008}	<p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>The Pre-Admission Checklist for Acceptable Admission/Retention will be completed with every inquiry.</p> <p>The Risk Assessment will be completed <u>prior to</u> Admission for all new residents.</p> <p>Residents will not be admitted without approval of the Administrator, Facility Nurse and Corporate Support Personnel.</p>	

Residential Care/Assisted Living

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{R 008}	<p>Continued From page 4 on 1/1/15.</p> <p>On 1/10/15, the facility RN documented "Pt was returned to us after a 4 day stay at the psych hospital...I'm not in agreement with him being back even with a behavioral plan. I believe he is too high of risk for being physical again with staff. I believe it will benefit him to have a psr [sic] but I don't believe it will prevent him from spontaneously becoming aggressive. He has hit staff twice now within the last 3 months."</p> <p>On 1/26/15 at 10:05 AM, a caregiver stated that Resident #4 could be "physical" with staff and would "lightly" hit them. Additionally, she stated some residents were "uncomfortable" around Resident #4.</p> <p>On 1/26/15 at 10:34 AM, the administrator confirmed that Resident #4 had hit a caregiver and another resident prior to the incident on 1/1/15, for which he was sent to a psychiatric hospital for evaluation and treatment. She confirmed Resident #4 was readmitted to the facility after he had physically assaulted three people. Additionally, the administrator confirmed Resident #4 was not assessed by the facility nurse, nor did she complete a "Functional Risk Assessment" prior to his readmission as stated in the facility's plan of correction.</p> <p>The facility readmitted Resident #4 after he had been violent towards others on three occasions. This is a repeat deficiency.</p>	{R 008}	<p>How will the corrective actions be monitored and how often will monitoring occur to ensure that the deficient practice will not recur?</p> <p>The weekly meetings between Administrator, Nurse and Corporate Support personnel will continue. The purpose of this meeting is to discuss potential admissions, discharges and current residents with behavioral or nursing concerns. All members will be asked to concur about potential admissions to the facility taking into consideration current resident population and compatibility concerns as well as the status of current residents.</p> <p>Date of Compliance: February 26, 2015</p>	N



Facility CAREFIX - SAFE HAVEN HOMES OF WENDELL - MAGIC VALLEY	License # RC-932	Physical Address 210 NORTH IDAHO	Phone Number (208) 536-6623
Administrator Lorraine Pratt	City WENDELL	ZIP Code 83355	Survey Date January 27, 2015
Survey Team Leader Donna Henscheid	Survey Type Complaint Investigation and Follow-up	RESPONSE DUE: February 26, 2015	
Administrator Signature <i>Lorraine Pratt Gen/Admin</i>	Date Signed <i>Jan. 27th 2015</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	620	Facility staff stated they were not trained on what procedures to implement when residents were physically violent.	3/2/15	DH
2	300.02	The facility did not ensure Resident #5's physician's orders to notify him of her low blood glucose levels. ***Previously cited on 9/11/14***	3/2/15	DH
3	310.01.f	A medication aide did not observe a resident take his medication.	3/2/15	DH
4	350.02	The administrator did not investigate all complaints. ***Previously cited 9/11/14***	3/2/15	DH
5	350.04	The administrator did not provide complainants with a written response within 30 days.	3/2/15	DH
6	711.01	The facility did not track residents' behaviors.	3/2/15	DH
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IDAHO DEPARTMENT OF
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February 4, 2015

Lorraine Pratt, Administrator
Safe Haven Homes of Wendell - Magic Valley Manor
210 North Idaho
Wendell, Idaho 83355

Provider ID: RC-932

Ms. Pratt:

An unannounced, on-site complaint investigation was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Wendell-Magic Valley Manor between January 26, 2015 and January 27, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006819

Allegation #1: The facility admitted residents who were a danger to others.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.520 for admitting a resident who was a danger to others.

Allegation #2: The facility retained residents who were not compatible with each other.

Findings: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

DONNA HENSCHIED, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program