



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

June 1, 2015

Scott Burpee, Administrator
Carefix-Safe Haven Homes of Bellevue
314 South 7th
Bellevue, Idaho 83313

Provider ID: RC-927

Mr. Burpee:

On March 31, 2015, a state licensure/follow-up/revisit survey and complaint investigation were conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted evidence of resolution is 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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April 9, 2015

Scott Burpee, Administrator
Carefix-Safe Haven Homes of Bellevue
314 South 7th
Bellevue, Idaho 83313

Provider ID: RC-927

Mr. Burpee:

On March 31, 2015, a follow-up visit to the complaint investigation survey of 10/7/2014, was conducted at Carefix Management & Consulting Inc, Dba Safe Haven Homes Of Bellevue. The core issue deficiencies issued as a result of the 10/7/2014, survey have been corrected.

- The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.
- The ban on resident admissions is lifted. You may resume admitting new residents to the facility.

Please bear in mind that 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 completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by April 30, 2015.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

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

JS/sc



Facility CAREFIX - SAFE HAVEN HOMES OF BELLEVUE	License # RC-927	Physical Address 314 SOUTH 7TH STREET	Phone Number (208) 788-9698
Administrator Scott Burpee	City BELLEVUE	ZIP Code 83313	Survey Date <i>MC</i> March 30, 2015
Survey Team Leader Maureen McCann	Survey Type Follow-up <i>and complaint</i>	RESPONSE DUE: April 30, 2015	
Administrator Signature 	Date Signed 3-31-15	<i>MC</i>	

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	215.09	The facility administrator did not report to licensing and certification when a resident fell and fractured their wrist. ***Previously cited on 10/7/14***	5/7/15	<i>MC</i>
2	320.03	The facility administrator did not sign Resident #1, 2 and 6's updated Negotiated Service Agreements which outline residents' care requirements. ***Previously cited on 10/7/14***	5/7/15	<i>MC</i>
3	660.05 <i>MC</i>	The administrator did not ensure staff were provided adequate training to properly assist residents with their care needs: A) The administrator "designee" was not familiar with Negotiated Service Agreements. B) Caregivers repeatedly gave a resident a pm medication without notifying the nurse. C) The same resident was repeatedly given an anti-anxiety medication for pain. D) Caregivers did not routinely document when the nurse was notified. E) Caregivers did not document or notify the nurse when the nurse's previous recommendations were not followed. Such as, sending a resident to see his physician. ***Previously cited on 10/7/14***	A 5/29/15 B 5/26/15 C 5/29/15 D 5/26/15 E 5/26/15	KA <i>MC</i> KA <i>MC</i> <i>MC</i>
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April 9, 2015

Scott Burpee, Administrator
Carefix-Safe Haven Homes of Bellevue
314 South 7th
Bellevue, Idaho 83313

Provider ID: RC-927

Mr. Burpee:

An unannounced, on-site complaint investigation was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Bellevue between March 30, 2015 and March 31, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006798

Allegation: The facility allowed a dog in the dining area during meals.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by responding to the complaint and crating the dog during meals.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc