



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

May 13, 2015

Angela Martin, Administrator
Carefix-- Safe Haven Homes of Shelley
183 East Oak
Shelley, ID 83274

License #: RC-928

Dear Ms. Martin:

On April 9, 2015, a Fire Life Safety Survey was conducted at Carefix-- Safe Haven Homes of Shelley. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

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

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Burbank', written over the printed name 'SAM BURBANK'.

SAM BURBANK
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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April 17, 2015

Angela Martin, Administrator
Carefix--Safe Haven Homes of Shelley
183 East Oak
Shelley, ID 83274

Dear Ms. Martin:

On April 9, 2015, a Fire Life Safety Survey was conducted at Carefix Management & Consulting Inc, DbA Safe Haven Homes Of Shelley. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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 May 11, 2015.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MPG/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R928	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2015
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NAME OF PROVIDER OR SUPPLIER CAREFIX-SAFE HAVEN HOMES OF SHELLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 183 EAST OAK SHELLEY, ID 83274
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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 facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on April 9, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name: CAROLAN - SHARMAHON / SHELLEY	Physical Address: 183 OAK ST.	Phone Number: 208-357-3589
Administrator: AUGUSTA MARTIN	City: SHELLEY ID	ZIP Code: 83274
Survey Team Leader: Sam Burbank	Survey Type: FLS	Survey Date: 4/9/15

NON-CORE ISSUES

ITEM	DESCRIPTION	DATE
1	405.03 OXYGEN IN USES - BUILDING - NOT EQUIPPED WITH SIGNS	4-9-2015
2	405.01 1) ELECTRICAL WIRES EXPOSED IN BASEMENT 2) OUTLET MISSING COVER IN BASEMENT	4-16-2015 4-16-2015
3	415.05 1) (2) SPRINKLER HEADS BLOCKED BY INSULATION IN BASEMENT 2) SPRINKLER HEAD @ STAIRS TO BASEMENT COVERED WITH MASKING TAPE & PAPER	4-16-2015 4-16-2015
4	405.05 1) DOOR TO STAIRS LEADING TO BASEMENT STAIRS WILL NOT SELF-CLOSE 2) LAUNDRY ROOM DOOR EQUIPPED WITH HASP/PAOLOCK - NON SINGLE-OPERATIONAL 3) H ₂ O TEMPS RANGING ABOVE 120° @ 123° 4) CONCRETE IN SMOKING AREA BROKEN UP WITH TRIPPING HAZARDS - ABOVE 44"	4-16-2015 4-16-2015 4-9-2015 4-16-2015-54 5-15-2015-6208

Response Required Date: 5/9/15	Signature of Facility Representative: <i>Augusta Martin</i>	Date Signed: 4-9-2015
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