



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](mailto:fsb@dhw.idaho.gov)

July 13, 2015

Dawnrae Rider, Administrator  
Carefix-- Safe Haven's Mount Vernon/Monticello  
3620 Potomac Way  
Idaho Falls, ID 83404

License #: RC-1034

Dear Ms. Rider:

On May 6, 2015, a Fire Life Safety Survey was conducted at Carefix-- Safe Haven's Mount Vernon/Monticello. 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,

SAM BURBANK  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

SB/lj



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May 14, 2015

Kara Reese, Administrator  
Carefix--Safe Haven's Mount Vernon  
3620 Potomac Way  
Idaho Falls, ID 83404

Dear Ms. Reese:

On May 6, 2015, a Fire Life Safety Survey was conducted at Carefix-- Safe Haven's Mount Vernon/monticello. 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 June 5, 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:  13R1034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MOUNT VERNON  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/06/2015
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NAME OF PROVIDER OR SUPPLIER  CAREFIX-SAFE HAVEN'S MOUNT VERNON/MC	STREET ADDRESS, CITY, STATE, ZIP CODE 3620 POTOMAC WAY IDAHO FALLS, ID 83404
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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 May 6, 2015.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; 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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IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID L & C - RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name: CAREFIX MOUNT VERNON
Physical Address: 3620 POTOMAC
Phone Number: 208 528 0467
Administrator: KARA REESE
City: IDAHO FALLS
ZIP Code: 83404
Survey Team Leader: SAM BURBANK
Survey Type: PLS
Survey Date: 5/6/15

NON-CORE ISSUES

Table with 5 columns: ITEM #, RULE #, DESCRIPTION, DATE RESOLVED, L & C USE. Row 1: 1, 405.05, (2) STORAGE RIMS OPEN INTO CORRIDOR WITHOUT SELF-CLOSING MEANS, 7/13/15, SB.

RECEIVED
JUN 20 2015

FACILITY SIGNATURE

Response Required Date

Signature of Facility Representative

Date Signed

6/6/15

[Handwritten Signature]

5/6/15



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

MEDICAID L & C - RALF PROGRAM  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1988

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>CARLIV - MONTICELLO</b>	Physical Address <b>3550 POTOMAC</b>	Phone Number <b>208 528 0467</b>
Administrator <b>KARA RUDZE</b>	City <b>IDAHO FALLS</b>	ZIP Code <b>83404</b>
Survey Team Leader <b>SAM BURBANK</b>	Survey Type <b>FLS</b>	Survey Date <b>5/6/15</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.05	1) FACILITY ANTI-FREEZE SOLUTION IN SPRINKLER SYSTEM IS NOT BEING TESTED BY PERCENTAGE	7/13/15	SB
		2) ANTI-FREEZE SOLUTION INSTALLED IN SPRINKLER SYSTEM IS OVER 40% PROPYLENE GLYCOL - BASED ON REPORT & RISK TAG - SAME FOR LAST 3 REPORTS	7/13/15	SB
		3)		
2	405.05	LAUNDRY RM DOOR IS NOT SELF-CLOSING	7/13/15	SB
3	415.05	KITCHEN HOOD SEMI-ANNUAL SUPPRESSION NOT PERFORMED	7/13/15	SB

RECEIVED  
JUN 23 2015

FACILITY STANDARDS

Response Required Date <b>6/6/15</b>	Signature of Facility Representative 	Date Signed <b>5/6/15</b>
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