



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
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June 10, 2015

Dawnrae Rider, Administrator  
Carefix-- Safe Haven of Blackfoot  
875 South Pendlebury  
Blackfoot, ID 83221

Dear Ms. Rider:

On June 1, 2015, a Fire Life Safety Survey was conducted at Carefix Management & Consulting-- Safe Haven of Blackfoot. 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.

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:<br><br><b>13R1017</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01 - ENTIRE BUILDING</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>06/01/2015</b> |
|--|--|---|---|

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**CAREFIX-SAFE HAVEN OF BLACKFOOT** **875 S PENDLEBURY**  
**BLACKFOOT, ID 83221**

| (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><b>Initial Comments</b></p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on June 1, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins<br/>Health Facility Surveyor<br/>Fire Life Safety &amp; Construction</p> | R 000 |  |  |
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Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE