



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

August 12, 2015

Wendy Webb, Administrator
Carefix-Safe Haven of Blackfoot
875 South Pendlebury
Blackfoot, Idaho 83221

Provider ID: RC-1017

Ms. Webb:

On June 23, 2015, a complaint investigation was conducted at Carefix Management & Consulting dba Safe Haven of Blackfoot. 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 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 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 Sinipson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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Boise, Idaho 83720-0009
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FAX: 208-364-1888

July 7, 2015

Dawnrae Rider, Administrator
Carefix-Safe Haven of Blackfoot
875 S Pendlebury
Blackfoot, Idaho 83221

Provider ID: RC-1017

Ms. Rider:

An unannounced, on-site complaint investigation was conducted at Carefix-Safe Haven of Blackfoot between June 18, 2015 and June 23, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006795

Allegation #1: The facility did not notify residents' legal guardians when the residents were discharged from the facility.

Findings: Unsubstantiated. Though the allegation may have occurred, it could not be determined during the complaint investigation due to conflicting information.

Allegation #2: The facility did not provide residents or their guardians a discharge notice.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.221.04 for not providing the identified resident's guardian a discharge notice when the facility discharged the resident. The facility was required to submit evidence of resolution within 30 days

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, on **June 23, 2015**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

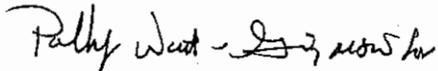
If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

Dawnrae Rider, Administrator

July 7, 2015

Page 2 of 2

A handwritten signature in cursive script, appearing to read "Maureen McCann".

MAUREEN MCCANN, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

MM/sc

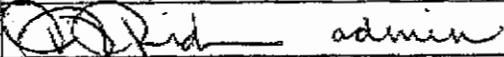
c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



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Boise, ID 83720-0036
(208) 364-1952 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List
Page 1 of _____

Facility CAREFIX - SAFE HAVEN OF BLACKFOOT	License # RC-1017	Physical Address 875 S Pendlebury	Phone Number (208) 785-3627
Administrator Dawnrae Rider	City Blackfoot	ZIP Code 83221	Survey Date June 23, 2015
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation	RESPONSE DUE: July 23, 2015	
Administrator Signature 	Date Signed		

Item #	IDAPA Rule #	Description	Department Use Only	
			ECR Reported	ECR Closed
1	221.04	The facility did not provide a discharge notice to a resident's guardian when the resident was discharged from the facility.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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** DHW INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
June 23, 2015 9:36:06 AM MDT
10/07/2013 06:55PM 2087853397

REMOTE CSID
2087853397

DURATION
58

STATUS
Received

SAFEHAVEN BLACKFOOT

PAGE 01/01

2015/06/23 08:47:44 2 /3