



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 24, 2015

DawnRae Rider, Administrator
Carefix - Safe Haven's Mount Vernon/Monticello
3620 Potomax Way
Idaho Falls, Idaho 83404

Provider ID: RC-1034

Ms. Rider:

On July 10, 2015, a state licensure/follow-up survey and complaint investigation were conducted at Carefix Management & Consulting dba Safe Haven's Mount Vernon/Monticello. 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 Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc



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July 21, 2015

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

Provider ID: RC-1034

Ms. Rider:

A state licensure/follow-up survey and complaint investigation were conducted at Carefix-Safe Haven's Mount Vernon/Monticello between July 9, 2015 and July 10, 2015. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 **July 10, 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 by **August 9, 2015**.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,


MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2015
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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 residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the licensure and complaint surveys conducted on 7/9/15 through 7/10/15 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Jeremy Walker, LSW Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
 3232 W. Elder Street, Boise, Idaho 83705
 208-334-6626

Critical Violations

Noncritical Violations

Carolee J. Sullivan
 Establishment Name: W. Elder Assisted Living Operator: Debra Kay
 Address: 3232 W. Elder Street FE ID: 83404
 County: Boonville EHS/SUR#: J Inspection time: _____ Travel time: _____
 Inspection Type: _____ Risk Category: high Follow-Up Report: OR On-Site Follow-Up:
 Date: _____ Date: _____

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations _____	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score _____	Score _____
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> N <u>N/A</u>	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance N = no, not in compliance
 N/O = not observed N/A = not applicable
 COS = Corrected on-site R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Whipped dip</u>	<u>42°</u>	<u>coltace cheese</u>	<u>41°</u>	<u>chedd cheese</u>	<u>33°</u>	<u>gravy</u>	<u>182°</u>
<u>Meese dip</u>	<u>42°</u>	<u>some cream</u>	<u>33°</u>	<u>Mashed potatoes</u>	<u>189°</u>		

GOOD RETAIL PRACTICES (☒ = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 43. Thermometers/Temp strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): [Signature] (Print): Dawn Baker Title: admin Date: 7/10/15
 Inspector (Signature): [Signature] (Print): [Signature] Date: 7/9/15 Follow-up: (Circle One) Yes No



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July 21, 2015

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

Provider ID: RC-1034

Ms. Rider:

An unannounced, on-site complaint investigation was conducted at Carefix-Safe Haven's Mount Vernon/Monticello between July 9, 2015 and July 10, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006983

Allegation #1: Residents did not receive their medications as ordered by their physicians.

Findings: Substantiated. However, the facility was not cited as they corrected the medication system when they implemented daily audits of the medication carts, reviewed physicians' orders and documented when medication aides assisted residents with their medications.

Allegation #2: Written responses were not provided to complainants within 30 days.

Findings: Substantiated. However, the facility was not cited as the current administrator had responded within 30 days to all current complaints.

Allegation #3: A resident wandered into other resident's rooms.

Findings: Substantiated. However, the facility was not cited due to the interventions that were implemented.

Allegation #4: The facility was not kept clean.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not

Dawnrae Rider, Administrator

July 21, 2015

Page 2 of 2

maintaining the facility in a clean, safe and orderly manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The administrator did not adequately supervise staff to ensure residents received the appropriate assistance with daily living.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.02 for not having a licensed administrator, between 5/29/15 and 6/25/15, for 25 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: Resident information was posted on doors or left on furniture.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by taking steps to ensure the resident's private information would be protected.

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,



MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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



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Ms. Rider:

An unannounced, on-site complaint investigation was conducted at Carefix Management & Consulting dba Safe Haven's Mount Vernon/Monticello between July 9, 2015 and July 10, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00007022

Allegation #1: The administrator was not on site sufficiently to supervise day to day operations.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.02 for not having a licensed administrator, between 5/29/15 and 6/25/15, for 25 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not serve adequate portion sized meals.

Findings: Substantiated: Prior to the new kitchen manager being hired, there were times residents occasionally received inadequate portion sizes of food. However, the facility was not cited, as their process for food shopping, preparing and serving meals had been corrected prior to the complaint investigation.

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,



MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

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



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Ms. Rider:

An unannounced, on-site complaint investigation was conducted at Carefix Management & Consulting dba Safe Haven's Mount Vernon/Monticello between July 9, 2015 and July 10, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00007046

Allegation #1: Resident information was left out for others to see.

Findings: Substantiated. However, the facility was not cited as they acted appropriately by taking steps to ensure the resident's private information would be protected, prior to the complaint investigation.

Allegation #2: Staff were not taking a resident food or letting the resident know it was time to eat.

Findings: Unsubstantiated.

Allegation #3: The facility was not maintained in a clean and sanitary manner.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean, safe and orderly manner. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: The administrator did not supervise staff or residents' care.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.02 for not having a licensed administrator, between 5/29/15 and 6/25/15, for 25 days. The facility was required to submit

Dawnrae Rider, Administrator

July 21, 2015

Page 2 of 2

evidence of resolution within 30 days.

Allegation #5: The facility did not serve adequate portion sized meals..

Findings: Substantiated: Prior to hiring the new kitchen manager there were times residents received inadequate portion sizes of food. However, the facility was not cited, as their process for food shopping, preparing and serving meals had been corrected prior to the complaint investigation.

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,



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