



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK - ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

October 14, 2015

Kathy Adams, Administrator
Carefix—Safe Haven of Gooding
745 California
Gooding, ID 83330

License #: RC-930

Dear Ms. Adams:

On October 5, 2015, a Fire Life Safety Survey was conducted at Carefix Management & Consulting, Inc. DBA Safe Haven Homes of Gooding. 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.

This office is accepting your submitted plan of correction and evidence of resolution.

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

Sincerely,

NATHAN ELKINS
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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October 14, 2015

Kathy Adams, Administrator
Carefix—Safe Haven Homes of Gooding
745 California
Gooding, ID 83330

Dear Ms. Adams:

On October 5, 2015, a Fire Life Safety Survey was conducted at Carefix Management & Consulting, Inc. DBA Safe Haven Homes of Gooding. 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.

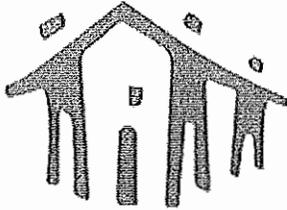
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 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/j
Enclosure



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DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITIES
PROGRAM

P.O. Box 83720
Boise, Idaho 83720-0009
Email: ralf@dhw.idaho.gov
PHONE (208) 364-1962
FAX (208) 364-1888

Punch Items

Survey Date: 10/05/2015

16.03.22.415.04.b. Fire Alarm Smoke Detection System Service and Testing.

The fire alarm smoke detection system must be inspected and tested at least monthly by a designated facility employee.

The facility failed to test smoke detection system on a monthly basis

