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 83720-009 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.goy

September 15, 2010

Angelee Hobson, Administrator Safe Haven Homes of Lava Hot Springs PO Box 719 Lava Hot Springs, Idaho 83246

License #: RC-929

Dear Ms. Hobson:

On August 4, 2010, a Fire Life Safety Survey was conducted at Carefix Management & Consulting Inc., DBA Safe Haven Homes of Lava Hot Springs. 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 evidence of resolution.

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

Sincerely,

ERIC MUNDELL

Health Facility Surveyor

Facility Fire Safety & Construction Program

EM/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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

August 10, 2010

Angelee Hobson, Administrator Carefix-- Safe Haven Homes of Lava Hot Springs PO Box 719 Lava Hot Springs, Idaho 83246

Dear Ms. Hobson:

On August 4, 2010, a Fire Life Safety Survey was conducted at Carefix Management & Consulting Inc., DBA Safe Haven Homes of Lava Hot Springs. 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 September 4, 2010.

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/li

Enclosure

08/04/2010

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01 - ENTIRE BUILDING A. BUILDING

(X3) DATE SURVEY COMPLETED

13R929

B. WING_

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
R 000	Initial Comments The facility was found to be in substantic compliance with the fire and life safety requirements of the Rules for Residentiansisted Living Facilities in Idaho. No deficiencies were cited during the stand fire/life safety survey conducted on Aug 2010. The surveyor conducting the survey was Eric Mundell REHS/RHSO Health Facility Surveyor Facility Fire/Life Safety & Construction Facility Facility Fire/Life Safety & Construction Facility Facility Fire/Life Facility Faci	al or ore ard ust 4,	R 000		

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

OVF621



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

	(208) 334-6626 fax: (208) 364-1888	Punch List						
Facility Name Sche Haven Caret	Physical Address 14 - Laun Hot Spring 580 West Elm	776 - 5899						
Angelee Hobson	City Cana Hot Springs	21P Code 83746						
Survey Team Leader En, _ Mun de //	Survey Type FCS	August 4, 2010						
NON-CORE ISSUES								
ITEM RULE # # 16.03.22	DESCRIPTION	DATE L&C RESOLVED USE						
1 401.01a NFPA	4 Standard # 101: A fully operation.	l'automotic Delayed Ok						
	Sprinkler system has not insta							
Syste	system had not bun installed per June 2, 2008							
agre	agreement for 13-D automatic fire Sprinkelon							
	agetim - Syntim is not windto flow switch.							
	,	c, tch. Epite						

SEP 0 3 2010 FACILITY STANDARDS Response Required Date Date Signed Signature of Facility Representative

Response Required Date Signature of Facility Representative

System har 4, 2010 X Felisha Drick

8/4/10