



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

IDAHO DEPARTMENT OF HEALTH & WELFARE

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

October 25, 2010

FILE COPY

Lisa Stucker, Administrator
Safe Haven Homes of Challis
1050 Clinic Road North
Challis, ID 83226

Dear Ms. Stucker:

On August 10, 2010, a state licensure and complaint investigation survey was conducted at Safe Haven Homes of Challis. The facility was found to be providing a safe environment and safe, effective care to 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.) were to be submitted to this office by September 9, 2010. To date, the Department has not received this documentation.

Per Idaho Administrative Procedures Act 16, Title 03, Chapter 22, Subsection 910.01, the Department may impose an enforcement remedy on the facility if proof of resolution is not submitted within 60 days of it being found out of compliance. Please submit the completed Punch List form with the accompanying evidence of resolution by **November 8, 2010**, to avoid a potential negative action.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,


JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Assisted Living Facility Program

JS/sm

Enclosure

c: Scott Burpee, CEO, Carefix Management and Consulting

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R965	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/17/2010
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOMES OF CHALLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 CLINIC ROAD NORTH CHALLIS, ID 83226		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	JO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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 re-licensure, follow-up, and complaint survey conducted on 08/09/2010 through 08/10/2010 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Safe Haven Homes of Challis</i>	Physical Address <i>1050 Clinic Rd</i>	Phone Number <i>208-779-3030</i>
Administrator <i>Lisa Stucker</i>	City <i>Challis</i>	ZIP Code <i>73226</i>
Survey Team Leader <i>Colonia Keathley</i>	Survey Type <i>Relicensure Followup Complaint</i>	Survey Date <i>8/10/10</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	009.01	1 of 5 staff, whose records were reviewed did not have a completed criminal history background check.	9-18-10 <i>pk</i>	
2	210.	The facility did not provide an on-going activity program.	9-13-10 <i>pk</i>	
3	260.0b	The facility did not maintain the interior and exterior of the facility in a clean, safe and orderly manner i.e., there is dust build-up behind washer + dryer on west garden hall, large dirty area on carpet in front of entry and activity room, paint is missing off of bottom front door, gouges in wall on front desk, chipped corner of wall at front desk, crack/hole in tile in front of kitchen, activity room vent is dusty, weeds and animal skeletons in secure yard.	10-5-10 <i>pk</i>	
4	250.14	The facility did not have a secure internal environment for residents with dementia.	10-25-10 <i>pk</i>	
5	300.01	The facility nurse did not conduct a 90 day nursing assessment on Resident # 3.	9-13-10 <i>pk</i>	

Response Required Date <i>9-9-10</i>	Signature of Facility Representative <i>L Stucker</i>	Date Signed <i>8-10-10</i>
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Facility Name <i>Safe Haven of Homes of Challis</i>	Physical Address <i>10510 Clinic Rd</i>	Phone Number <i>208-779-3030</i>
Administrator <i>Lisa Stucker</i>	City <i></i>	ZIP Code <i>83224</i>
Survey Team Leader <i>Calorie Keathley</i>	Survey Type <i>Reinspection following complaint</i>	Survey Date <i>8-10-10</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
6	305.05	The facility nurse did not review and follow upon a random resident's previous recommendations of using a bedrail for repositioning and transfer.	9-13-10	
7	335.03	The facility did not provide liquid hand soap and paper towels in resident's rooms to assure infection control procedures were implemented.	9-17-10	
8	350.04	Complainants were not provided with a written response within 30 days.	9-13-10	
9	1030.01 a-g	5 of 5 caregivers did not have documentation of dementia training. - Repeat	9-13-10	
10	1030.02 a-h	5 of 5 caregivers did not have documentation of mental illness training. - Repeat #	9-13-10	
11	1030.03 a-i	5 of 5 caregivers did not have documentation of developmental disability training. - Repeat	9-13-10	
12	711.07.1	Caregivers did not document when they had notified the nurse when a resident had a change in condition.	9-13-10	

Response Required Date <i>9-9-10</i>	Signature of Facility Representative <i>L Stucker</i>	Date Signed <i>8-10-10</i>
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Food Establishment Inspection Report

Establishment Name <u>SAFE HAVEN / Challis</u>		Operator <u>LISA STUCKER</u>	
Address <u>1050 Clinic Rd.</u>		City <u>Challis</u>	Zip <u>83226</u>
County <u>Custer</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category:	Follow-Up Report: OR	On-Site Follow-Up: _____ Date: _____

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

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	_____
Score	<u>1</u>	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>X</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	<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 Sources		
<u>Y</u> <u>N</u>	8. Food obtained from approved source (3-101 & 3-201)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
<u>Y</u> N	13. Returned / reservice 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 (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-403)	<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 (3-202.12)	<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 Approval 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/O = not observed
COS = Corrected on-site
N = no, not in compliance
N/A = not applicable
R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Green Beans</u>	<u>167°</u>	<u>Melish</u>	<u>41°</u>				
<u>Mashed Potatoes</u>	<u>166°</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/Test 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. Utensils & 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) <u>L. Stucker</u> (Print) <u>Lisa Stucker</u> Title <u>adm.</u> Date <u>8-10-10</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>
Inspector (Signature) <u>Mark Hauser</u> (Print) <u>Mark Hauser</u> Date <u>8/10/2010</u>	



Establishment Name SAFE Haven/Challis	Operator Lisa Stucker
Address 1050 Clinic Rd	Challis ID 83226
County Estab # Custer	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#8 - food obtained from approved source - Jar-homemade macalade - thrown out
↳ COS:

Person in Charge <i>[Signature]</i>	Date 8-10-10	Inspector Matt Hauser	Date 8/10/2010
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October 15, 2010

Lisa Stucker, Administrator
Safe Haven Homes of Challis
1050 Clinic Road North
Challis, ID 83226

Dear Ms. Stucker:

An unannounced, on-site complaint investigation survey was conducted at Safe Haven Homes of Challis from August 9, 2010, to August 10, 2010. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004271

Allegation: The facility re-admitted an identified resident who was a danger to himself or others.

Findings: Based on record review and interview, it could not be determined the facility re-admitted a resident who was a danger to himself or others.

On August 9, 2010, the identified resident's record was reviewed. A hospital admission record documented the resident had been admitted on August 17, 2009, to a behavioral unit for a medication review. The hospital record documented the resident's medications were not changed in any way and the resident was released back to the community and re-admitted to the facility on August 21, 2009. His record contained no documentation that he had behaviors or other incidents of aggression or self-harm.

On August 9, 2010, at 3:00 p.m., the administrator designee was interviewed. She stated the identified resident was hospitalized because his guardian found a loaded gun and knives in the identified resident's room. The administrator designee stated the identified resident's guardian brought him to the hospital and gave the guns and knives to the local police department. Further, the administrator designee stated the identified resident had not ever been a danger to himself or others.

Between August 9 and August 10, 2010, two staff members were interviewed. Both staff members stated they felt the resident was not dangerous to himself or others and had not displayed any type of dangerous behavior.

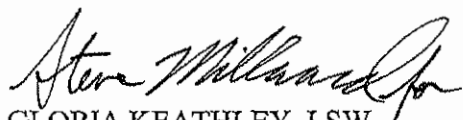
Lisa Stucker, Administrator
October 15, 2010
Page 2 of 2

On August 10, 2010, at 9:55 a.m., the administrator was interviewed. She stated she was not employed by the facility during the identified resident's hospitalization or re-admittance, but had heard about the incident. She also stated she felt the identified resident was not a danger to himself or others.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be verified that the facility was out of compliance during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sm