



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR  
RICHARD M. ARMSTRONG – DIRECTOR

JUDY A. CORDENIZ – ADMINISTRATOR  
LICENSING AND CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

June 19, 2012

Kelsie Deveraux, Administrator  
Safe Haven Homes Of Lava Hot Springs  
Po Box 719  
Lava Hot Springs, ID 83246

License #: Rc-929

Dear Ms. Deveraux:

On May 10, 2012, a Complaint Investigation and State Licensure 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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LESLIE M. CLEMENT – DEPUTY DIRECTOR  
LICENSING AND CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

May 15, 2012

Kelsie Deveraux, Administrator  
Carefix-Safe Haven Homes Of Lava Hot Springs  
580 West Elm  
Lava Hot Springs, ID 83246

Dear Ms. Deveraux:

On May 10, 2012, a Complaint Investigation and State Licensure 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 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 10 non-core issue deficiencies were identified on the punch list and 4 were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than June 9, 2012.

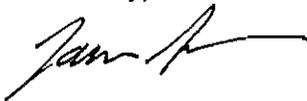
If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", with a long horizontal flourish extending to the right.

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

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R929</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/10/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF LAVA HOT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>580 WEST ELM LAVA HOT SPRINGS, ID 83246</b>
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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>A licensure, complaint investigation and follow-up survey was conducted at your residential care/assisted living facility on 05/09/12 through 05/10/12 where non-core items and repeat non-core items were cited. The surveyors conducting the standard survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



**ASSISTED LIVING**  
**Non-Core Issues**  
**Punch List**

06/05/2012 15:50 2087765037

SAFE HAVEN LAVA

PAGE 02/42

Facility Name Carefix-Safe Haven Homes of Lava Hot Springs	Physical Address 580 W. Elm	Phone Number 208-776-5899
Administrator Kelsie Deveraux	City Lava Hot Springs	Zip Code 83246
Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint	Survey Date 05/10/12

**NON-CORE ISSUES**

Item #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.03	Two former employees were allowed to work unsupervised prior to completing a criminal history and background check.	5/15/12	6/13/2011
2	260.06	The facility was not maintained in a clean and orderly manner. For example: 1) Rm #1's bathroom toilet area was dirty. 2) Rm #3 had a strong urine odor and the hand towel and bath towel were dirty. 3) Rm #10's bathroom sink did not drain properly. 4) The kitchen cabinets were sticky and the refrigerators were in need of cleaning. <b>**Repeat Punch X2**</b>	5/15/12	6/13/2011
3	300.01	The facility nurse did not assess Resident #1's change of condition after she developed pressure ulcers and had increased knee pain and swelling and had a PICC line inserted. The RN did not assess Resident #2 until 10 days after admission. Further, the RN delegated medication assistance prior to the staff completing a medication certification class. Staff signed and dated they had been delegated by the nurse prior to the nurse signing off on it.	5/21/12	6/13/2011
4	305.02	Residents went without medications for 3 or more days because the facility had run out of the medications. <b>**Repeat Punch**</b>	5/16/12	6/13/2011
5	305.06	Residents were not assessed every 90 days to be safe to self-administer medications. <b>**Repeat Punch**</b>	5/15/12	6/13/2011
6	310.01.d	Unlicensed staff were dialing insulin pens. <b>**Repeat Punch**</b> <i>Staff were interpreting sliding scale insulin</i>	5/24/12	6/13/2011
7	335.03	Liquid hand soap and paper towels were not available for staff use in rooms where residents required personal care.	5/15/12	6/13/2011
8	320	Resident #1's NSA was not updated to include interventions to prevent further skin break down.	5/15/12	6/13/2011
9	600.05	The former administrator did not provide adequate supervision to ensure staff had completed criminal history and background checks, completed CPR and First Aid training and orientation prior to them working unsupervised. Additionally, the former administrator did not	5/15/12	6/13/2011
Response Required Date 06/09/12	Signature of Facility Representative 		Date Signed 5/24/12	





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

*Xava Hot Springs*

Establishment Name <i>Cherish Safe Haven</i>	Operator <i>Belaie Deveraux</i>
Address <i>580 W Elm</i>	<i>Xava Hot Springs, ID</i>
County <i>Bannock</i>	Estab # <i>20828</i>
Inspection Type:	Risk Category: <i>High</i>
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 <i>0</i>	# of Retail Practice Violations <i>0</i>
# of Repeat Violations	# of Repeat Violations
Score <i>0</i>	Score <i>0</i>
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
<i>Y</i>	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>		
<i>Y</i>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<i>Y</i>	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<i>Y</i>	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
<i>Y</i>	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<i>Y</i>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<i>Y</i>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<i>Y</i>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<i>Y</i>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<i>Y</i>	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Y</i>	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<i>Y</i>	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
<i>mixed veggies</i>	<i>153°</i>	<i>Pork</i>	<i>179°</i>	<i>meat loaf</i>	<i>140F</i>		
<i>hazards</i>	<i>140° F</i>			<i>red potato</i>	<i>38° F</i>		

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. 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) <i>[Signature]</i>	Print <i>K. K. Anderson</i>	Title <i>Admin</i>	Date <i>5/10/12</i>
Inspector (Signature) <i>[Signature]</i>	Print <i>Karen Anderson</i>	Date <i>5-10-12</i>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No



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LICENSING AND CERTIFICATION  
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May 16, 2012

Kelsie Deveraux, Administrator  
Safe Haven Homes Of Lava Hot Springs  
580 W Elm St.  
Lava Hot Springs, ID 83246

Dear Ms. Deveraux:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting Inc, Dba Safe Haven Homes Of Lava Hot Springs from May 9, 2012 to May 10, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005327

- Allegation #1:** The former administrator was not at the facility sufficiently to provide adequate supervision.
- Findings #1:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.600.05 for not providing adequate supervision. The facility was required to submit evidence of resolution within 30 days.
- Allegation #2:** The facility did not ensure care notes were documented in November, 2011.
- Findings #2:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.711.08 for not ensuring care notes were consistently documented. The facility was required to submit evidence of resolution within 30 days.
- Allegation #3:** Two identified residents had a change of condition and were not assessed by the facility nurse.
- Findings #3:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.300.01 for the facility nurse not assessing residents after they had a change of condition. The facility was required to submit evidence of resolution within 30 days.

**Allegation #4:** The facility did not respond appropriately to an identified resident's two suicide attempts.

**Findings #4:** On 5/10/12, the identified resident's record was reviewed. A hospital report, dated 11/7/11, (prior to the resident's admission to the facility) documented "metal parts from a ballpoint pen were found in the resident's abdomen." On 11/21/11, the resident was discharged to the hospital for "swallowing a pen."

On 5/10/12 at 10:30 AM, the current administrator stated she was only aware of the one suicide attempt while she was at the facility. She stated the resident swallowed a pen and was discharged to a hospital by ambulance and was later transferred to a psychiatric facility.

On 5/10/12 at 1:15 PM, the identified resident's case manager stated she received a call from the house manager on 11/21/11, informing her that over the weekend the resident came out of her room with a bra tied around her neck and had swallowed a pen. The case manager stated the resident was "seeking attention" and the case manager did not consider the "bra incident" a suicide attempt. However, the case manager stated the incident with the pen "was serious" and felt it was handled appropriately by the facility.

On 5/10/12 at 2:20 PM, the current administrator stated she did not remember the "bra incident" and was only aware of the incident with the pen. She stated the facility transferred the resident to the hospital by ambulance on 11/21/11.

Unsubstantiated.

**Allegation #5:** The facility did not have sufficient food items to meet the daily menu.

**Findings #5:** Between 5/9/12 and 5/10/12, the kitchen inspection was conducted and two meals were observed. The refrigerator, freezer and pantry contained sufficient food items to meet the daily menu and 7 day food supply. Both meals were prepared according to the dietitian approved menu.

On 5/9/12 between 8:00 AM and 9:00 AM, five residents were interviewed and all stated they were satisfied with the quantity and quality of the food that was offered.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

**Allegation #6:** The facility did not schedule sufficient staff to transfer an identified resident, who required 2-person assistance with transferring.

**Findings #6:** On 5/10/12, the identified resident's record was reviewed. It contained documentation the resident had a significant change of condition, on 12/27/11, and was discharged to the hospital on 12/30/11, due to a rapid decline.

On 5/10/12 at 11:40 AM, the administrator stated the resident received physical therapy in November and December 2011, for mobility and transferring needs. She stated on 12/27/12, the resident was no longer able to transfer with the assistance of 1 caregiver and required 2 caregivers for transfers. She stated the last two days the resident resided at the facility, she made sure there were 2 caregivers on duty to meet the resident's needs. The administrator was able to verify the additional coverage by the timesheets during that timeframe.

On 5/10/12 at 2:45 PM, the identified resident's physical therapist stated he had been working with the resident in November and December 2011 for mobility and strength training. He stated the resident had been a 1 person assist for transfers and he had not observed her requiring a 2 person assist for transfers.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

**Allegation #7:** The facility did not have medication certified staff scheduled on the night shift in November 2011.

**Findings #7:** Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.600.05 for the former administrator not providing adequate supervision to ensure staff were properly trained. The facility was required to submit evidence of resolution within 30 days.

**Allegation #8:** The facility violated an identified resident's right to go to the senior center during the day.

**Findings #8:** On 5/9/12, the identified resident's record was reviewed and contained evidence the resident had a court appointed guardian. An Uniformed Assessment Instrument, dated 11/7/11, documented the resident could no longer go to the senior center due to incontinent incidents. It further documented the resident had "deliberate incontinence for attention" and an "impulsive history of shop lifting."

On 5/9/12 at 3:00 PM, the administrator stated the resident had been going to the senior center. She stated the resident had urinated and defecated on their chairs so they called the resident's guardian. The senior center asked that the resident not be allowed to go there alone because they did not have the means to care for her. Further, the administrator stated the guardian did not want the

Kelsie Deveraux, Administrator  
May 16, 2012  
Page 4 of 4

resident to leave the facility by herself because "she got into trouble." The administrator stated she felt the resident needed to have opportunities to get away from the facility, so she helped her obtain a Psychosocial Rehabilitation worker.

Unsubstantiated.

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 **05/10/2012**. 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) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Donna Henscheid  
Health Facility Surveyor  
Residential Assisted Living Facility Program

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