

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

May 29, 2012

Kathy Adams, Administrator Safe Haven Homes of Wendell PO Box 306 Wendell, Idaho 83355

License #: RC-932

Dear Ms. Adams:

On May 11, 2012, a Fire Life Safety Survey was conducted at Safe Haven Homes of Wendell-- Magic Valley Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

• 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MR

Health Facility Surveyor

Facility Fire Safety & Construction Program

TM/lj

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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May 15, 2012

Kathy Adams, Administrator Safe Haven Homes of Wendell PO Box 306 Wendell, Idaho 83355

Dear Ms. Adams:

On May 11, 2012, a Fire Life Safety Survey was conducted at Safe Haven Homes of Wendell-- Magic Valley Manor. 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 June 11, 2012.

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/lj

Enclosure

PRINTED: 05/15/2012 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - ENTIRE BUILDING A. BUILDING B. WING 13R932 05/11/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 210 NORTH IDAHO CAREFIX-SAFE HAVEN HOMES OF WENDELL WENDELL, ID 83355 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 R 000 Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on 05/11/12. The surveyor conducting the survey was: Tom Mroz CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

Facility Name MAGIC VALLEY MANOR AKA	Physical Address	Phone Number
CARETIX SORE HAVEN - WENDELL	210 N DAHO	208-536-6623
Administrator	City	ZIP Code
KATHY ADAMS	WENDELL, ID	83355
Survey Team Leader	Survey Type	Survey Date
TOM Mroz	FIRE LIFE SAFETY	5-11-12

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BF3 USI
/	415.02	THE FACILITY DID NOT ENSURE THAT FUEL-FIRED HEATING	5/14/12	TM
		DEVICES AND SYSTEMS ARE INSPECTED/SERVICED/CLEANED		
		AT LEAST ANNUALLY,		
2	410.02	THE FACILITY DID NOT PERFORM A MINIMUM OF ONE (1)	5/15/12	11
		FIRE DRILL PER SHIFT PER QUARTER, NO RECORD OR		
		A FILE Delle FOR 1st QUARTER 2012 NOCTURNA MIST.		
		RECEIVED		
		MAY 2 1 2012		
		WAT 5 1 2012		
		FACILITY STANDARDS		
	se Required Date	Signature of Facility Representative	Date Signed	
		A DUNIY COMB MILL		