



IDAHO DEPARTMENT OF

HEALTH & WELFARE

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

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

September 19, 2012

Jodie Galloway, Administrator
Carefix-Safe Haven Of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

License #: RC-1017

Dear Ms. Galloway:

On August 15, 2012, a complaint investigation and initial licensure survey was conducted at Carefix Management & Consulting Dba Safe Haven Of Blackfoot. 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2012
NAME OF PROVIDER OR SUPPLIER CAREFIX-SAFE HAVEN OF BLACKFOOT		STREET ADDRESS, CITY, STATE, ZIP CODE 875 S PENDLEBURY BLACKFOOT, ID 83221		
(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
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 Initial and Complaint survey conducted on 8/13/12 through 8/15/12 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



IDAHO DEPARTMENT OF
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JUDY A. CORDENIZ – ADMINISTRATOR
LICENSING AND CERTIFICATION
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August 22, 2012

Jodie Galloway, Administrator
Carefix-Safe Haven Of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An on-site complaint investigation survey was conducted at Carefix Management & Consulting DbA Safe Haven Of Blackfoot from August 13, 2012 to August 15, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005482

Allegation #1: The facility operated for more than 30 days without a licensed administrator.

Findings #1: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.

Allegation #2: The acting administrator took medications home to dispose of them.

Findings #2: Between 8/13/12 and 8/15/12, four current and two former staff members, including the person acting as administrator during the time of the complaint, were interviewed. All of them stated they were not aware of anyone taking medications out of the building to be destroyed.

On 8/15/12, the medication destruction log for April through July 2012 was observed and contained documentation the medications were appropriately destroyed by two people.

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

Jodie Galloway, Administrator

August 22, 2012

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Allegation #3. The facility did not investigate and report an allegation of abuse.

Findings #3: Partially substantiated. The facility did appropriately report the allegation of abuse, but did not conduct a thorough investigation. The facility was not cited because the facility was under new ownership. The allegation had occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.

Allegation #4: The facility did not notify Licensing & Certification of reportable incidents.

Findings #4: Between 8/13/12 and 8/15/12, three incident reports, dated prior to the change of ownership on 4/24/12, were observed and none of them required reporting to Licensing & Certification. On 8/14/12, the administrator stated the previous owners turned over only the paperwork for the residents residing in the facility at the time of the change. She stated she was unable to locate any other accident and incident reports from the previous owners.

Unable to substantiate due to lack of documentation.

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,



Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program



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August 22, 2012

Jodie Galloway, Administrator
Carefix-Safe Haven Of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An on-site complaint investigation survey was conducted at Carefix Management & Consulting DbA Safe Haven Of Blackfoot from August 13, 2012 to August 15, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005483

Allegation #1: The acting administrator took medications home to dispose of them.

Findings #1: Between 8/13/12 and 8/15/12, four current and two former staff members, including the person acting as administrator during the time of the complaint, were interviewed. All of them stated they were not aware of anyone taking medications out of the building to be destroyed.

On 8/15/12, the medication destruction log for April through July 2012 was observed and contained documentation the medications were appropriately destroyed by two people.

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

Allegation #2: The facility did not have the capability or capacity to provide appropriate cares to residents because there was only one staff member scheduled to transfer residents requiring a two people.

Findings #2: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation had occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.



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August 21, 2012

Jodie Galloway, Administrator
Carefix-Safe Haven Of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An Initial Survey and on-site complaint investigation was conducted at Carefix Management & Consulting DbA Safe Haven Of Blackfoot from August 13, 2012 to August 15, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005387

Allegation #1: The facility did not coordinate care with the contract nurse; as a result, the RN pulled delegation from the UAPs.

Findings #1: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice had been corrected by the current administration.

Allegation #2: Unlicensed Assitive Personnel were dialing insulin pens which was against the Board of Nursing (BON) rules.

Findings #2: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice had been corrected by the current administration.

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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program



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August 22, 2012

Jodie Galloway, Administrator
Carefix-Safe Haven Of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An on-site complaint investigation survey was conducted at Carefix Management & Consulting DBA Safe Haven Of Blackfoot from August 13, 2012 to August 15, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005388

Allegation #1: The facility RN pulled delegation from all staff and there was no one available to give residents medications at 5:00 PM on 1/19/12.

Findings #1: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.

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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program



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August 22, 2012

Jodie Galloway, Administrator
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Blackfoot, ID 83221

Dear Ms. Galloway:

An on-site complaint investigation survey was conducted at Carefix Management & Consulting DBA Safe Haven Of Blackfoot from August 13, 2012 to August 15, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005449

Allegation #1: The facility operated more than 30 days without a licensed administrator.

Findings #1: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.

Allegation #2: Unlicensed Assistive Personnel (UAP) gave a identified resident a non-scheduled dose of Ativan without calling the facility nurse for direction.

Findings #2: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.

Allegation #3: The facility was not able to follow the dietitian approved menu because they ran out of food.

Findings #3: Substantiated. However, the facility was not cited because the facility was under new ownership. The allegation occurred prior to the change of ownership which took place on 4/24/12. The deficient practice was corrected by the current administration.