



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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](mailto:fsb@dhw.idaho.gov)

May 9, 2013

Jodie Galloway, Administrator  
Safe Haven Homes of Lava Hot Springs  
PO Box 719  
Lava Hot Springs, ID 83246

License #: RC-929

Dear Ms. Galloway:

On April 2, 2013, 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 me at (208) 334-6626.

Sincerely,

Tom Mroz  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/nm

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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April 11, 2013

Kelsie Deveraux, Administrator  
Safe Haven Homes of Lava Hot Springs  
PO Box 719  
Lava Hot Springs, ID 83246

Dear Ms. Deveraux:

On April 2, 2013, 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 May 2, 2013.

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/nm  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R929	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  04/02/2013
NAME OF PROVIDER OR SUPPLIER  CAREFIX-SAFE HAVEN HOMES OF LAVA HOT		STREET ADDRESS, CITY, STATE, ZIP CODE 580 WEST ELM LAVA HOT SPRINGS, ID 83246		
(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	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 April 2, 2013.  The surveyor conducting the survey was:  Tom Mroz, CFI-II Health Facility Surveyor Facility Fire/Life Safety & Construction Program	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>CAREFIX SKYHAVEN LAVA HOT SPRINGS</i>	Physical Address <i>580 WEST ELM</i>	Phone Number <i>208-776-5899</i>
Administrator <i>KELSEY TILSON</i>	City <i>LAVA HOT SPRINGS</i>	ZIP Code <i>83246</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE - LIFE SAFETY</i>	Survey Date <i>4-2-13</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
<del>1</del>	<del>415.01/2</del>	<del>THE FACILITY DID NOT HAVE THE ANNUAL FIRE ALARM INSPECTION PERFORMED (LAST INSPECTION 2-22-12)</del>	<del>3-12-13</del>	<del>TSR</del>
		<del>COMPLETED PRIOR TO SURVEY 3-12-13</del>		<del>TSR</del>
2	415.02	THE FACILITY DID NOT ENSURE THAT FUEL FIRED HEATING DEVICES AND SYSTEMS ARE INSPECTED/SERVICED/CLEANED AT LEAST ANNUALLY. (LAST INSPECTION NOT ON FILE)	4-25-13	TSR
3	415.01	THE FACILITY DID NOT ENSURE THE BATTERY POWERED EMERGENCY LIGHTS ARE PROPERLY MAINTAINED TO ENSURE THE SAFETY OF THE RESIDENTS. WHEN TESTED, THE EMERGENCY LIGHTS WOULD NOT OPERATE.	4-8-13	TSR

Response Required Date <i>5-2-13</i>	Signature of Facility Representative <i>Robert Williams</i>	Date Signed <i>4/2/13</i>
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