



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)

August 14, 2013

Scott Burpee, Administrator  
Carefix-Safe Haven Homes of Gooding  
745 California Avenue  
Gooding, ID 83330

License #: RC-930

Dear Mr. Burpee:

On July 9, 2013, a Fire Life Safety Survey was conducted at Carefix Management & Consulting, Inc., dba Safe Haven Homes of Gooding. 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,

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/nm



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July 24, 2013

Scott Burpee, Administrator  
Carefix-Safe Haven Homes of Gooding  
745 California Avenue  
Gooding, ID 83330

Dear Mr. Burpee:

On July 9, 2013, a Fire Life Safety Survey was conducted at Carefix Management & Consulting Inc., dba Safe Haven Homes of Gooding. 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 August 8, 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:  <b>13R930</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF GOODING</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>745 CALIFORNIA AVENUE GOODING, ID 83330</b>		
(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 facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard life safety code survey conducted on July 9, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</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 Gooding</i>	Physical Address <i>745 CALIFORNIA</i>	Phone Number <i>208-934-5506</i>
Administrator <i>Scott Burpee</i>	City <i>Gooding, Id</i>	ZIP Code <i>83330</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>7-9-13</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.05	There is an Alcohol based hand rub dispenser installed above a light switch in the hall by room # 11.	8-9-13	7B
2	750.	The Administrator did not ensure that the facility's records for fire and life safety are being maintained on file at the facility.	8-9-13	7B
3	750.01	Fire drill records are not in the facility.	8-9-13	7B
4	750.03	The fuel fired heating inspections are not in the facility.	8-9-13	7B
5	750.05	The fire alarm inspections are not in the facility.	8-9-13	7B
6	750.06	The sprinkler system inspections are not in the facility.	8-9-13	7B

Response Required Date <i>8-9-13</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>7/9/13</i>
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