



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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August 15, 2013

Lisa Stucker, Administrator
Safe Haven Homes of Challis
1050 Clinic Road North
Challis, ID 83226

Dear Ms. Stucker:

An unannounced, on-site complaint investigation survey was conducted at Safe Haven Homes of Challis on August 5, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005763

Allegation #1: The facility allowed a sex offender in the facility unsupervised.

Findings #1: On 10/16/12, the Idaho Sex Offenders' Registry was reviewed by a surveyor and the person identified as a sex offender was not listed on the registry.

On 8/5/13, the administrator stated the person identified as a sex offender was not listed on any registry. The administrator further stated, although there was no reason to actually prohibit the identified person's visits, she did talk to him and he agreed to limiting his visits to public areas.

Unsubstantiated.

Allegation #2: There was not sufficient staffing available to evacuate the building in case of fire.

Findings #2: On 8/5/13, seven residents were interviewed. Four residents stated they had recently been involved in a fire drill and were instructed to go out the front of the building.

On 8/5/13, a fire drill log was observed and documented that fire drills were conducted on 5/27/13, 6/23/13 and 7/30/13.

On 8/5/13, the administrator stated, that during every fire drill, except on the graveyard shift, the facility was completely evacuated.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #3: The facility had mice, but had no effective pest control program.

Findings #3: On 8/5/13, the kitchen and pantry areas were observed. The pantry contained food that was appropriately contained in plastic containers. There were mouse traps located in the pantry and kitchen areas. There were no obvious signs of rodents observed in either area.

On 8/5/13 at 3:40 PM, the administrator stated the facility did have some problems with mice. She stated the problem was usually worse in the fall. She stated they had placed traps in the kitchen and pantry areas. Further, she stated they had contacted a pest control agency to assist them with the problem and they had spayed the building inside and outside.

On 8/5/13 at 3:40 PM, the contract with the pest control company was observed.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #4: The facility did not have food available to meet the menu.

Findings #4: On 8/5/13, a menu for the week of 8/4/13 through 8/10/13 was observed. The food items located in the pantry, refrigerator and freezer were compared to the menu. The facility had all food items available to meet the menu for the week.

On 8/5/13, seven residents were interviewed and none of them expressed any concerns with the facility not having food items to meet the menu.

On 8/5/13, two caregivers and the administrator were interviewed. All three stated there was sufficient food available to meet the menu.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #5: The facility did not maintain the water heater and it leaked on the floor.

Findings #5: On 8/5/13 at 4:35 PM, the facility's water heater was observed and appeared to be functioning properly. There was no water or evidence of water stains located around the water heater.

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On 8/5/13 at 4:35 PM, the administrator denied there had been any problems with the facility's water heater.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #6: The facility's wanderguard system was not working properly.

Allegation #6: On 8/5/13 at 2:30 PM, a tour of the facility was conducted. Two residents were observed wearing Wanderguard bracelets.

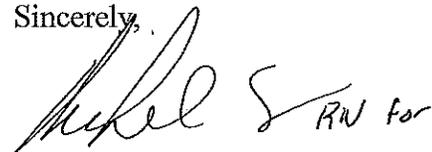
On 8/5/13, two caregivers and the administrator stated there were two residents who currently wore Wanderguard bracelets.

On 8/5/13 at 4:35 PM, the Wanderguard system was observed to be operational when a bracelet was placed by the front door receptors.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

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,

Handwritten signature of Maureen A. McCann, RN for

Maureen A. McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/TFP

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