



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

September 9, 2013

Jodie Galloway, Administrator  
Carefix-Juniper Grove Assisted Living  
5685 S Bannock  
Pocatello, ID 83204

License #: RC-1016

Dear Ms. Galloway:

On August 9, 2013, a Fire Life Safety Survey was conducted at Carefix Management & Consulting DbA Juniper Grove Assisted Living. 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TM/lj



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August 16, 2013

Jodie Galloway, Administrator  
Carefix-Juniper Grove Assisted Living  
5685 South Bannock  
Pocatello, ID 83204

Dear Ms. Galloway:

On August 9, 2013, a Fire Life Safety Survey was conducted at Carefix Management & Consulting dba Juniper Grove Assisted Living. 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 September 9, 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>13R1016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - CAREFIX-JUNIPER GROVE ASSISTED LIVING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-JUNIPER GROVE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5685 S BANNOCK POCATELLO, ID 83204</b>
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(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
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R 000	<p><b>Initial Comments</b></p> <p>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 August 9, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz, CFI-II Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		
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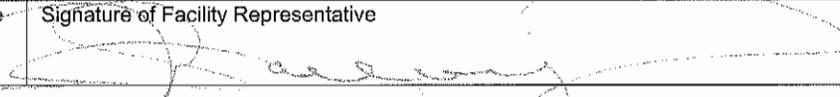
Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_



Facility Name <i>CAREX LIFE HAVEN JUNIPER</i>	Physical Address <i>5085 S BANNOCK</i>	Phone Number <i>208-239-0480</i>
Administrator <i>JUDIE GALLOWAY</i>	City <i>BOCATELLO ID</i>	ZIP Code <i>83204</i>
Survey Team Leader <i>TOM MROZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>8-9-13</i>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.01	FIRE SPINKLER - THE FACILITY DID NOT ENSURE THAT ALL EQUIPMENT AND SYSTEMS ARE PROPERLY MAINTAINED.	9-6-13	TM
2	415.01	EMERGENCY LIGHTING IN CORRIDOR & LIVING ROOM DID NOT OPERATE IN TEST MODE	8-12-13	TM
3	415.03	THE FACILITY DID NOT ENSURE THAT THE INSPECTION TAG ATTACHED TO THE FIRE EXTINGUISHER SHOWED THE INITIALS OF THE PERSON MAKING THE MONTHLY EXAMINATION AND THE DATE OF THE EXAMINATION. NO RECORDS JULY 13 EXAMINATION.	9-8-13	TM
4	410.02	THE FACILITY WAS UNABLE TO PROVIDE DOCUMENTED FIRE DRILL RECORDS FOR THE 2 <sup>ND</sup> QUARTER 2013 (ALL SHIFTS) 3 <sup>RD</sup> & 4 <sup>TH</sup> QUARTER 2012 (ALL SHIFTS)	9-8-13	TM

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