



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)

September 6, 2013

Wendy Webb, Administrator  
Carefix--Safe Haven Homes of Chubbuck  
4875 Burley Drive  
Chubbuck, Idaho 83202

License #: RC-1022

Dear Ms. Webb:

On August 9, 2013, a Fire Life Safety Survey was conducted at Carefix Management & Consulting DBA Safe Haven Homes Of Chubbuck. 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

Wendy Webb, Administrator  
Carefix-Safe Haven Homes of Chubbuck  
4875 Burley Drive  
Chubbuck, ID 83202

Dear Ms. Webb:

On August 9, 2013, a Fire Life Safety Survey was conducted at Carefix Management & Consulting dba Safe Haven Homes of Chubbuck. 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>13R1022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - CAREFIX SAFE HAVEN CHUBBUCK</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAREFIX-SAFE HAVEN HOMES OF CHUBBUCK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4875 BURLEY DRIVE CHUBBUCK, ID 83202</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>CAREFIX SAFE HAVEN CHUBBUCK</i>	Physical Address <i>4875 BURLEY DRIVE</i>	Phone Number <i>208-234-1200</i>
Administrator <i>WENDY WEBB</i>	City <i>CHUBBUCK</i>	ZIP Code <i>83202</i>
Survey Team Leader <i>TOM MOZ</i>	Survey Type <i>FIRE LIFE SAFETY</i>	Survey Date <i>8-9-13</i>

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	405.08	FIRE EXTINGUISHERS PAST DUE FOR INSPECTION. LAST INSPECTED JUNE 2012	8-12-13	TSR
2	415.05	<del>THE FACILITY DID NOT HAVE THE ANNUAL FIRE DRILL/EEG INSPECTION PERFORMED. LAST INSPECTED 5-31-12. PERFORMED 1-22-13</del> <i>TSR</i>		
3	405.05e	PILOT LIGHT ACCESS COVER MISSING FROM HOT WATER HEATER	8-9-13	TSR
4	415.06	THREE OPEN CEILING PENETRATIONS ON LAUNDRY ROOM CEILING WITH WIRE GOING THROUGH THEM, SEAL PENETRATIONS.	8-9-13	TSR
5	405.07	SIGNAGE RECEIVED ON DELAYED EGRESS LOCKING PERMITS "PULL - DOOR WILL OPEN IN 15 SECONDS"	8-12-13	TSR

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