



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief  
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September 3, 2013

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

Dear Ms. Stucker:

On August 19, 2013, a Fire Life Safety Survey was conducted at Safe Haven Homes of Challis. 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.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

MARK P. GRIMES, Supervisor  
Facility Fire Safety & Construction Program

MPG/lj  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R965</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/19/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAFE HAVEN HOMES OF CHALLIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>610 CLINIC ROAD NORTH CHALLIS, ID 83226</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
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 August 20, 2013.</p> <p>The facility was evaluated utilizing the fire safety evaluation system.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_