IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

October 17, 2014

Angela Martin, Administrator
Carefix-Safe Haven Homes of Shelley
183 East Oak
Shelley, Idaho 83274

Provider ID: RC-928

Ms. Martin:

On September 11, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Shelley. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen McCann, RN

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

September 25, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8586

Angela Martin, Administrator
Carefix-Safe Haven Homes of Shelley
183 East Oak
Shelley, Idaho 83274

Ms. Martin:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Carefix Management & Consulting Inc, dba Safe Haven Homes of Shelley on **September 11, 2014,** we have determined that the facility failed to protect residents from abuse..

This core issue deficiency substantially limits the capacity of Carefix Management & Consulting Inc, dba Safe Haven Homes of Shelley to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies. As a result of the survey findings, the Department is issuing the facility a provisional license, effective September 25, 2014, through March 24, 2015. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) give the Department the authority to issue a provisional license:

> ***935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.***
> *A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when noncore issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.*

The conditions of the provisional license are as follows:

1. **The facility will maintain, on an ongoing basis, the deficient area in a state of compliance in accordance with the submitted Plan of Correction;**

2. **A provisional license is issued which is to be prominently displayed in the facility. Upon receipt of this provisional license, return the full license, currently held by the facility.**

ADMINISTRATIVE REVIEW

You may contest this decision to issue a provisional license by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this desicision is erroneous.** The request must be recieved **no later than twenty-eight (28) days after this notice was mailed**. Any such request should be addressed to:

Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

You have an opportunity to make corrections and thus avoid further enforcement action. Correction of this deficiency must be achieved by **October 27, 2014. We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **October 8, 2014,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

You have available the opportunity to question the core deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within

ten (10) business days of receipt of the Statement of Deficiencies (**October 8, 2014**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **October 8, 2014,** your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

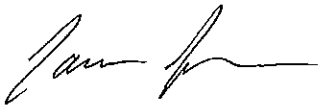
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **October 11, 2014**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate additional enforcement action against the license held by Carefix Management & Consulting Inc, dba Safe Haven Homes of Shelley. Enforcement actions may include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Limit or ban on new admissions
- Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

PRINTED: 09/23/2014
FORM APPROVED

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: Safe Haven Home of Shelley B. WING	(X3) DATE SURVEY COMPLETED
	13R928		09/11/2014

NAME OF PROVIDER OR SUPPLIER: CAREFIX-SAFE HAVEN HOMES OF SHELLEY

STREET ADDRESS, CITY, STATE, ZIP CODE: 183 EAST OAK, SHELLEY, ID 83274

(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	Initial Comments The following deficiency was cited during the licensure/follow-up survey and complaint investigation conducted between 9/10/2014 and 9/11/2014 at your residential care/assisted living facility. The surveyors conducting the survey were: Maureen McCann, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Abbreviations/Definitions: ALF - Assisted Living Facility bang = have sex with LSW = Licensed Social Worker RN = Registered Nurse SNF - Skilled Nursing Facility Wernicke-Korsakoff syndrome - a brain disorder resulting in brain damage. Symptoms may include confusion, memory loss and hallucinations. (http://www.nlm.nih.gov/medlineplus/ency/article/000771.htm)	R 000	All staff, Administrator and facility RN have been trained on Abuse, Prevention & Reporting guidelines per Safe Haven Policy. A pre test and post test has been created regarding our Abuse Policy. See attached policy & test. Our Abuse policy has been posted throughout the building for all Outside Agencies, Visitors, Staff and residents to observe and provide them with the knowledge of what our protocol is.	
R 006	16.03.22.510 Protect Residents from Abuse. The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse.	R 006	An at-risk assesment has been created and is now apart of our initial assesment or interim plan of care.	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: [signature] (X6) DATE: 10-8-14

STATE FORM 66GR11 If continuation sheet 1 of 4

10/08/2014 14:29 2083571947 SAFE HAVEN SHELLEY PAGE 03/17
10/08/2014 01:09PM 2083365570 SAFEHAVEN WENDELL PAGE 01/11
10/08/2014 10:43 2083571947 SAFE HAVEN SHELLEY PAGE 07/18

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: Safe Haven Home of Shelley B. WING	(X3) DATE SURVEY COMPLETED
	13R028		09/11/2014

NAME OF PROVIDER OR SUPPLIER: CAREFIX-SAFE HAVEN HOMES OF SHELLEY

STREET ADDRESS, CITY, STATE, ZIP CODE: 183 EAST OAK, SHELLEY, ID 83274

(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 006	Continued From page 1 This Rule is not met as evidenced by: Based on record review, observation and interview, it was determined the facility admitted a resident (Resident #1), who had previously resided in two other "sister" facilities in which he sexually abused female residents at each of those facilities. As a result, the five female residents residing in the current facility were not protected from potential abuse. The findings include: IDAPA 16.02.33.510 documents, "The administrator must assure that policies and procedures are implemented to assure that all residents are free from abuse." The facility was a single story rectangular building. Of the ten residents residing at the facility, five were female. On 9/10/14, the facility staff schedule was reviewed. Typical staffing during the evening and overnight hours consisted of a single staff member in the building to supervise and assist all residents with their care needs, medications, housekeeping tasks and meals. According to his record, Resident #1 was a 61 year-old male, admitted to the facility on 9/2/14, with diagnoses including Wernicke-Korsakoff syndrome, related dementia and behaviors. The resident no longer resided in the facility at the time of the survey and was not available for observation or interview. An "Incident/Accident Report" form obtained from a sister facility (Safe Haven of Lava), dated 12/14/13, documented Resident #1 had reached over and grabbed another resident's crotch,	R 006	The facility RN and Administrator will develop individualized procedures based on residents history and physical regarding at Risk behaviors. The risk assesment will show what the risk is, the procedure, who will be notified if the behavior occurs, determine if the resident will need to be removed or if the facility can safely meet the developing needs of this resident. The risk assesment will be attached to the Care at a glance which is located for observation by all staff, outside agencies, RN and any others involved in the care of each Resident	

10-8-14

10/08/2014 14:29 2083571947 SAFE HAVEN SHELLEY PAGE 02/11
10/08/2014 01:09PM 2083565570 SAFEHAVEN WENDELL PAGE 02/11

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: Safe Haven Home of Shelley B. WING	(X3) DATE SURVEY COMPLETED
	13R928		09/11/2014

NAME OF PROVIDER OR SUPPLIER: CAREFIX-SAFE HAVEN HOMES OF SHELLEY

STREET ADDRESS, CITY, STATE, ZIP CODE: 183 EAST OAK, SHELLEY, ID 83274

(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 006	Continued From page 2 "stating he wanted to bang her." The following forms were found in Resident #1's record at the facility: A hospital "Inpatient Psychiatric Discharge Summary" form, dated 8/26/14, documented, "Per collateral information" from Safe Haven of Wendell (a "sister" assisted living facility), Resident #1 "demonstrated sexually inappropriate behaviors including grabbing at the pelvic area of 2 female residents and touching the crotch area of another female." An "Admission History and Physical" from a Safe Haven Psychiatric Hospital, dated 8/26/14, documented "This 60 year-old Caucasian male is a long-term resident of Safe Haven SNF on the locked unit. He has a history of sexually devient and aggressive behavior and is on hormonal suppression for that." A Behavior Management Plan, developed while Resident #1 was in Safe Haven psychiatric hospital, dated 8/28/14, documented "Make sure that [Resident #1's name] receives his Depo Provera shot exactly on time..." The Plan further documented, staff were to "Redirect him away from the inappropriate behavior." The Plan did not instruct staff to monitor the resident or to keep Resident #1 separated from female residents. An "RN Assessment for ALF Resident Admission," dated 9/2/14, documented Resident #1 had a history of "sexual deviancy." On 9/9/14 at 6:00 PM, the administrator stated Resident #1 was discharged from the facility earlier that day because she had received an allegation the resident made a sexually explicit	R 006		

10/08/2014 14:29 2083571947 SAFE HAVEN SHELLEY PAGE 05/17
10/08/2014 01:09PM 2085365570 SAFEHAVEN WENDELL PAGE 03/11

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: Safe Haven Home of Shelley B. WING	(X3) DATE SURVEY COMPLETED
	13R928		09/11/2014

NAME OF PROVIDER OR SUPPLIER: CAREFIX-SAFE HAVEN HOMES OF SHELLEY

STREET ADDRESS, CITY, STATE, ZIP CODE: 183 EAST OAK, SHELLEY, ID 83274

(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 006	Continued From page 3 comment to a female resident. She stated, she was still investigating the allegation. The administrator also stated when Resident #1 was admitted, the corporate LSW called and told her, "We are going to give him one last chance." She stated the LSW said she was sending the hospital Behavior Plan with the resident." The administrator further stated, she held a staff meeting after Resident #1 was admitted. She stated she told caregivers Resident #1's behaviors included, "Sometimes asking for (sexual) things and sometimes touching himself." On 9/11/14 at 10:10 AM, the corporate LSW stated, she went over Resident #1's Behavior Plan from Safe Haven hospital with the assisted living staff when the resident was admitted to the assisted living facility. When asked why Resident #1 was discharged from the facility on 9/9/14, the LSW stated there was an allegation he had made sexual comments to a female resident. On 9/10/14 at 3:10 PM, the facility owner stated, "We thought we would try him here...Everyone deserves a chance." On 9/11/14 at 10:00 AM, the facility owner stated, "There is no place for these residents (with sexual inappropriate behaviors) to go." The facility admitted Resident #1 with the knowledge the resident had sexually abused female residents in two other Safe Haven Assisted Living facilities, but did not provide supervision to prevent him from offending against the female residents of the facility. This placed the female residents of Safe Haven Assisted Living of Shelley, at risk for sexual abuse.	R 006		

10/08/2014 14:29 2083719947 SAFE HAVEN SHELLEY PAGE 06/17
10/08/2014 01:09PM 2085365570 SAFEHAVEN WENDELL PAGE 04/11

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
CAREFIX - SAFE HAVEN HOMES OF SHELLEY	RC-928	183 EAST OAK STREET		(208) 357-3589
Administrator	**City**		**ZIP Code**	**Survey Date**
Angela Martin	SHELLEY		83274	September 11, 2014
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Maureen McCann	Licensure and Complaint Investigation			October 11, 2014
Administrator Signature	**Date Signed**			
Angela Martin	9-11-2014			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	300.01	The facility nurse did not delegate to unlicensed caregivers according to the Board of Nursing rules.	10/16/14	LMC
2	310.01.a	Resident #2 had medications in her room that were not secured.	10/16/14	LMC
3	305.06	The facility nurse did not assess Resident #2 to determine if the resident was capable of safe self-administration of medication.	10/16/14	LMC
4				
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Date 9-11-14 Page 1 of 2

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Establishment Name: Shelley Care Lin Sale Haven	Operator: Angela Martin
Address: 143 East Oak Street	Shelley 83274
County: Bingham Estab #: EHS/SUR #: 20828	Inspection time: Travel time:
Inspection Type: Risk Category: High	Follow-Up Report: OR On-Site Follow-Up: Date: Date:

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

Critical Violations	Noncritical Violations
# of Risk Factor Violations: 0	# of Retail Practice Violations: 21
# of Repeat Violations:	# of Repeat Violations: 0
Score: 0	Score: 21
A score greater than 3 Med or 5 High-risk = mandatory on-site reinspection	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection

RISK FACTORS AND INTERVENTIONS (*Idaho Food Code* applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

		COS	R
	Demonstration of Knowledge (2-102)		
(Y) N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	☐	☐
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
(Y) N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
(Y) N	9. Receiving temperature / condition (3-202)	☐	☐
Y N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
(Y) N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
(Y) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

		COS	R
	Potentially Hazardous Food Time/Temperature		
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
(Y) N N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
(Y) N N/O N/A	17. Cooling (3-501)	☐	☐
(Y) N N/O N/A	18. Hot holding (3-501)	☐	☐
(Y) N N/O N/A	19. Cold Holding (3-501)	☐	☐
(Y) N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
(Y) N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
(Y) N N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
(Y) N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
(Y) N N/A	24. Additives / approved, unapproved (3-207)	☐	☐
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved Procedures		
Y N (N/A)	26. Compliance with variance and HACCP plan (8-201)	☐	☐

Y = yes, in compliance; N = no, not in compliance; N/O = not observed; N/A = not applicable; COS = Corrected on-site; R = Repeat violation; ☒ = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Dinner Vegetable	170°			Yogurt	41.0		
Rice	145°	Chicken	179°				

GOOD RETAIL PRACTICES (☒ = not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☒	44. Warewashing facility 2nd	☐	☒
☒	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☒	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Angela Martin (Print) Title: admin Date: 9-11-2014

Inspector (Signature): Karen Anderson (Print) Date: 9/11/14

Follow-up: (Circle One) Yes No

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C,
3232 W. Elder Street, Boise, Idaho 83705 208-334-6626

Page 2 of 2
Date 9/11/14

Establishment Name	Operator
Lively Shelley	Angela Martin
Address 155 E. Oak Street	Shelley 83274
County Estab # EHS/SUR # 20028	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#30: On 9/11/14 the pots & pans were observed worn as the protective coating was gone

The facility must correct this deficiency by 9/21/14

☐ Yes ☐ No

Person in Charge	Date	Inspector	Date
Angela Martin	9-11-2014	Karen Anderson	9/11/14

CFP00-02-02

IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

September 25, 2014

Angela Martin, Administrator
Carefix-Safe Haven Homes of Shelley
183 East Oak
Shelley, Idaho 83274

Provider ID: RC-928

Ms. Martin:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Shelley between September 10, 2014 and September 11, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006677

Allegation #1: The facility admitted a resident with a known history of sexual abuse.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.520, for admitting a resident with a known history of sexual abuse. The facility was required to submit a plan of correction within 10 days.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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