



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

November 22, 2013

Jodie Galloway, Administrator
Carefix-Safe Haven Homes Of Lava Hot Springs
580 West Elm
Lava Hot Springs, ID 83246

License # Rc-929

Dear Ms. Galloway:

On October 8, 2013, a complaint investigation survey was conducted at Carefix Management & Consulting Inc, Db a Safe Haven Homes Of Lava Hot Springs. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN

Karen Anderson, RN
Team Leader
Health Facility Surveyor

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



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: 208-334-6626
FAX: 208-364-1888

October 22, 2013

Jodie Galloway, Administrator
Safe Haven Homes of Lava Hot Springs
PO Box 719
Lava Hot Springs, ID 83246

Dear Ms. Galloway:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Lava Hot Springs on October 8, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005844

Allegation #1: Residents were admitted without the appropriate paper work, including physician orders.

Findings #1: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated, however the facility was issued a deficiency at 16.03.22.725.01 for not updating the admission and discharge register to include the identified resident's name, date of admission and date of discharge. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility RN did not assess residents for changes of condition.

Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.02 for not assessing residents for changes of condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: Residents were assisted with medications without physician's orders.

Findings #3: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Jodie Galloway, Administrator
October 22, 2013
Page 2 of 2

Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.300.01 for the facility nurse not delegating residents' medications prior to medication aides assisting residents with their ordered medications. The facility was required to submit evidence of resolution within 30 days.

Allegation #4: Caregivers assisted residents with medications without RN delegation.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.300.01 for not assessing residents upon admission and delegating their medications to staff. The facility was required to submit evidence of resolution within 30 days.

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, on **October 8, 2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

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,



Karen Anderson, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

KA/TFP

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



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: 208-334-6626
FAX: 208-364-1888

October 22, 2013

Jodie Galloway, Administrator
Safe Haven Homes of Lava Hot Springs
PO Box 719
Lava Hot Springs, ID 83246

Dear Ms. Galloway:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting Inc, dba Safe Haven Homes of Lava Hot Springs on October 8, 2013. At that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006214

Allegation #1: The facility nurse did not assess residents' altered blood glucose levels.

Findings #1: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated.

Allegation #2: The facility did not give residents' appropriate discharge notices.

Findings #2: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated. It could not be determined the facility gave an inappropriate discharge notice. However, the facility received a deficiency at IDAPA 16.03.22.300.02, for the facility RN not assessing the resident when a resident was unable to manager insulin. The facility also received a deficiency at 16.03.22711.03.a and 711.14, for not documenting efforts to resolve the involuntary discharge and not documenting the disposition of the resident's belongings.

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, on **October 8, 2013**. The completed punch

Jodie Galloway, Administrator

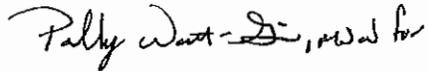
October 22, 2013

Page 2 of 2

list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

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,

A handwritten signature in cursive script, appearing to read "Karen Anderson", followed by a horizontal line and the text "RN, MSW".

Karen Anderson, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

KA/TFP

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