



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

December 9, 2013

Jodie Galloway, Administrator
Carefix-Safe Haven of Blackfoot
875 S. Pendlebury
Blackfoot, ID 83221

License #: RC-1017

Dear Ms. Galloway:

On October 9, 2013, a Complaint Investigation survey was conducted at Carefix Management & Consulting Db a Safe Haven of Blackfoot. 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.

Your submitted evidence of resolution has been 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, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor

MMC/mmc

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



Facility Safe Haven of Blackfoot	License # RC-1017	Physical Address 875 S Pendlebury	Phone Number (208) 785-3627
Administrator Jodie Galloway	City Blackfoot	ZIP Code 83221	Survey Date October 9, 2013
Survey Team Leader Maureen McCann	Survey Type Complaint Investigation		RESPONSE DUE: November 8, 2013
Administrator Signature 	Date Signed 10-9-2013		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	159.02.f	The facility did not allow a resident/guardian access to his record within 24 hours per the facility's policy.	11/12/13	MMc
2	221.03.a	The facility did not include the reason residents were discharged on their emergency discharge notice.	11/12/13	MMc
3	152.04	The facility did not follow their transfer policy and notify a residents guardian when the Resident #2 was sent to a hopsital and subsequently transferred to a sister facility.	11/12/13	MMc
4	305.02	The facility did not have medication available for Resident #3.	11/12/13	MMc
5	305.03	The facility nurse did not assess a resident after Resident #1 sustained a bite and Resident #2 experienced an increase in urinary incontinance.	11/12/13	MMc
6	320.03	Resident #3's guardian did not sign the resident's NSA.	12/9/13	MMc
7	711.03	The was no documentation of the facility's attempt to resolve Resident #1's behaviors prior to issuing an emergency discharge notice.	11/12/13	MMc
8	711.04	There were no careplans from outside agencies found in Resident #1's record	11/12/13	MMc
9	711.14	There was no documentation in Resident #3's record of where she went when she was discharged from the facility or what happened to her belongings.	11/12/13	MMc
10	350.04	The administrator did not respond to verbal complaints in writing, within 30 days.	11/12/13	MMc
11	330.02	Resident #1's records were not protected for three years.	11/12/13	MMc
12				
13				
14				
15				
16				
17				
18				
19				



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 24, 2013

Jodie Galloway, Administrator
Carefix-Safe Haven of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting dba Safe Haven of Blackfoot between October 7 and October 9, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005992

Allegation #1: The facility did not notify residents' guardians when they were admitted to a hospital.

Findings #1: **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.152.04 for not following their facility policy and notifying a resident's legal guardian after the resident was admitted to a hospital. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility took no action when residents' rooms had a strong urine odor.

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

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #3: The facility restricted residents' fluid intake without a physician's order.

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

Unsubstantiated.

Jodie Galloway
October 24, 2013
Page 2 of 2

Allegation #4: The facility increased residents' medications without physicians' orders.

Findings #4: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven. However, the facility was cited for not having all medications available for residents.

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 9, 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,



Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/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 24, 2013

Jodie Galloway, Administrator
Carefix-Safe Haven of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting dba Safe Haven of Blackfoot between October 7 and October 9, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006001

Allegation #1: Residents did not receive their medications as ordered by their physician.

Findings #1: **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.305.02 for the facility not having the identified resident's diabetic medication available. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not provide packed lunches that were congruent with diet orders.

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

Due to conflicting information the allegation could not be substantiated.

Allegation #3: The administrator did not respond to complaints in writing within 30 days.

Findings #3: **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.350.04 for the administrator not providing complainants with a written response within 30 days. 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 9, 2013**. The completed punch

Jodie Galloway
October 24, 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 black ink that reads "Maureen McCann, RN". The signature is written in a cursive style with a large initial 'M' and a long, sweeping underline.

Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/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 24, 2013

Jodie Galloway, Administrator
Carefix-Safe Haven of Blackfoot
875 S Pendlebury
Blackfoot, ID 83221

Dear Ms. Galloway:

An unannounced, on-site complaint investigation survey was conducted at Carefix Management & Consulting dba Safe Haven of Blackfoot between October 7 and October 9, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006136

Allegation #1: Residents did not receive medical assessments after sustaining injuries.

Findings #1: **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.305.03 for the facility nurse not assessing an identified resident after he sustained a bite. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not notify Adult Protective Services when a staff member injured residents.

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

Unsubstantiated.

Allegation #3: The facility did not coordinate with outside agencies regarding residents' behaviors.

Findings #3: 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 IDAPA 16.02.33.711.04 for not maintaining a copy of the psychosocial rehabilitation agency's care plan in the resident's record.

Allegation #4: The facility did not provide residents a completed discharge notice.

Findings #4: **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.711.03.a. for not documenting the reason a resident received an emergency discharge notice from the facility. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not provide residents' guardians their records for several days after the records were requested.

Findings #5: **Substantiated.** The facility was issued a deficiency at IDAPA 16.03.22.159.02.f. for not providing a resident's guardian a copy of the residents' record within 24 hours per the facility's policy. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The facility did not develop care plans (Negotiated Service Agreements or NSAs), when residents were admitted to the facility.

Findings #6: 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 IDAPA 16.03.22.300.02, for not protecting the resident's record for three years. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: The facility did not develop an interim plan of care when residents were admitted to the facility.

Findings #7: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated.

Allegation #8: Residents' behaviors increased because their medication (Lithium) blood levels were sub-therapeutic (too low).

Findings #8: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated.

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 9, 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,



Maureen McCann, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/tfp

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