



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

TAMARA PRISOCK-- ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
DEBRA RANSOM, R.N.,R.H.I.T., Chief

BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

May 17, 2016

Sudi Davis, Administrator
Edgewood Spring Creek Soda Springs
PO Box 13238
Grand Forks, ND 58201

License #: RC-1010

Dear Ms. Davis:

On October 19, 2015, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Soda Springs. 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 evidence of resolution.

Should you have questions, please contact Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626, option 3.

Sincerely,

Sam Burbank
Health Facility Surveyor
Facility Fire Safety & Construction Program

SB/lj



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November 05, 2015

Tara Dimick, Administrator
Edgewood Spring Creek Soda Springs
PO Box 13238
Grand Forks, ND 58201

Dear Ms. Dimick:

On October 19, 2015, a Fire Life Safety and Sanitation Licensure survey was conducted at Edgewood Spring Creek Soda Springs.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

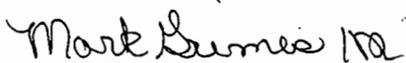
Please bear in mind that five (5) non-core issue deficiencies were identified on the punch list and one was identified as a repeat punch item. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than **November 19, 2015**.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626, option 3.

Sincerely,


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

MPG/lj

NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Edgewood Spring Creek Soda Springs	RC-1010	PO Box 13238	208-547-0257
Administrator	City	Zip Code	Survey Date
Tara Dimick	Grand Forks	58201	10/19/2015
Survey Team Leader	Survey Type	Response Due	
Burbank, Sam	Fire Life Safety and Sanitation Licensure		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.415.02. Fuel-Fired Heating.	No annual Fuel-fired heating inspection since 2013
1	.415.05. Automatic Fire Extinguishing System Service and Testing.	1) Ansul System Hydro testing and six year maintenance past due 2) (4) loaded heads in Kitchen - loaded with grease and lint; (1) in dining room 3) (1) painted head in Maintenance Office 4) (3) painted heads in Activities and (1) loaded lint
2	.405.03. Medical Gases.	(9) unsecured oxygen cylinders in Activities closet. Maintenance Director corrected this item on 10/19/2015 SB
3	.405.01. Electrical Installations and Equipment.	1) Rm #25 Oxygen concentrator plugged into a relocatable power tap 2) Rm #15 Multiple plug extension cord in use 3) Pantry storage using plug adapter and non-listed install on water pump wiring - not direct wire install
4	.405.05. Structure, Maintenance, Equipment to Assure Safety.	1) Non self-closing doors on Hazardous areas open to the corridor - Maintenance office; Janitor closet

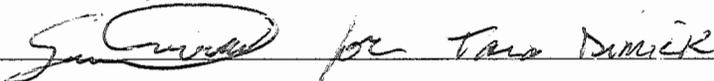
		2) Storage over 64 square feet not equipped with self-closing door @ dining room; Laundry door not self-closing 3) Exterior roof shingles in excessive disrepair on Southwest facing side (Parking lot area)
5	.410.02. Fire Drills.	No fire drills conducted for 2nd and 3rd shift in second quarter; 1st and 3rd shift in 3rd quarter. (Repeat)



Facility Name EDGEWOOD SPRINGCREEK - SODA SPRINGS	Physical Address 425 SOUTH SPRINGCREEK DR	Phone Number 208-847-0257
Administrator TARA DIMICK	City SODA SPRINGS	ZIP Code 83276
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 10/19/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	No ANNUAL FUEL-FIRED HEATING INSPECTION SINCE 2013	10/27/15	SB
2	415.05	ANNUAL SYSTEM HYDRO TESTING & 6 YR MAINT PAST DUE	11/17/15	SB
3	405.03	(9) UNSECURED OXYGEN CYLINDERS IN ACTIVITIES CLOSET	10/19/15	SB
4	405.01	1) Rm #25 OXYGEN CONCENTRATOR PLUGGED INTO RPT 2) Rm #15 MULTIPLE PLUG EXTENSION CORD IN USE 3) PANTRY STORAGE USING PLUG ADAPTER & NON-LISTED INSTALL ON WATER PUMP WIRING - NOT DIRECT WIRE INSTALL	10/20/15 10/20/15 11/17/15	SB SB SB
5	405.05	1) NON SELF CLOSING DOORS ON HAZARDOUS AREAS OPEN TO CORRIDOR - MAINTENANCE OFFICE, WIPOR CLOSET 2) STORAGE OVER 64 SQUARE FEET NOT EQUIPPED WITH SELF CLOSING DOOR @ DINING, LAUNDRY DOOR NOT SELF-CLOSING	11/4/15	SB

Response Required Date 11/19/15	Signature of Facility Representative 	Date Signed 10/19/15
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Facility Name EREFWOOD SPRINGCREEK - SOPA SPRINGS	Physical Address 425 SOUTH SPRINGCREEK DR.	Phone Number 208-547-0257
Administrator TARA DIMICK	City SOPA SPRINGS	ZIP Code 83276
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 10/19/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
<i>estimate</i> 6	405.05 (CONT.)	3) EXTERIOR ROOF SHINGLES IN EXCESSIVE DISREPAIR ON SOUTHWEST FACING SIDE (PARKING LOT AREA)	10/29/15 11/12/15 DELETED 5/1/16	\$
<i>10/22 Delta</i> 6	415.05	1) (4) LOADED HEADS IN KITCHEN - LOADED WITH GREASE & LINT; (1) IN DINING ROOM	11/12/15	\$
		2) (1) PAINTED SPRINKLER HEAD IN MAINTENANCE OFFICE	2/8/16	\$
		3) (3) PAINTED HEADS IN ACTIVITIES & (1) LOADED WITH LINT	2/8/16	\$
7	410.02	NO FIRE DRILLS CONDUCTED FOR 2ND & 3RD SHIFT IN SECOND QUARTER & 1ST & 3RD SHIFT IN 3RD QUARTER	10/27/15 11/12/15	\$
8	415.04	NO ANNUAL FIRE ALARM INSPECTION/REPORT (2015)	10/27/15	\$

Response Required Date 11/19/15	Signature of Facility Representative <i>[Signature]</i> for Tara Dimick	Date Signed 10/19/15
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NOV 19 2015
FACILITY STANDARDS