



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

February 28, 2013

Marilyn Beutler, Administrator  
Edgewood Spring Creek Meridian LLC  
P.O. Box 13336  
Grand Forks, ND 58208

License #: RC-1008

Dear Ms. Beutler:

On January 29, 2013, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Meridian LLC. 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 submitted evidence of resolution.

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

Sincerely,

Taylor Barkley  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/nm

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 5, 2013

Marilyn Beutler, Administrator  
Edgewood Spring Creek Meridian LLC  
P.O. Box 13336  
Grand Forks, ND 58208

Dear Ms. Beutler:

On January 29, 2013, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Meridian LLC. 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.

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 evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 29, 2013.

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

Sincerely,

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

MPG/nm  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R1008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  01/29/2013
NAME OF PROVIDER OR SUPPLIER  EDGEWOOD SPRING CREEK MERIDIAN LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 175 EAST CALDERWOOD DRIVE MERIDIAN, ID 83642		
(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 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 January 29, 2013.  The surveyor conducting the survey was:  Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



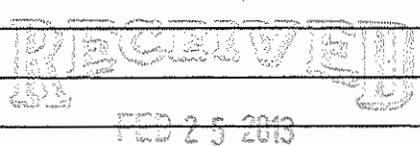
IOAHO DEPARTMENT OF  
HEALTH & WELFARE

MEDICAID L & C - RALF PROGRAM  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Edgewood Spring Creek Ustick</b>	Physical Address <b>3165 N. Meridian Rd</b>	Phone Number <b>208-287-2064</b>
Administrator <b>Kimberly Clark</b>	City <b>Meridian Id</b>	ZIP Code <b>83646</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>1-31-13</b>

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	750.01	The facility does NOT have documented fire drills for the first, second AND third quarters of 2012.	2-12-2013	TB
2	402	The facility does not have a documented quarterly automatic fire sprinkler system inspection for the first quarter of 2012.	2-21-2013	TB
 FACILITY STANDARDS				

Response Required Date <b>3-2-13</b>	Signature of Facility Representative <i>Du Walsh</i>	Date Signed <b>1-31-2013</b>
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