



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)

March 5, 2013

Laura Lee Mathias, Administrator  
Edgewood Spring Creek Eagle LLC  
P.O. Box 13336  
Grand Forks, ND 58208

License #: RC-1007

Dear Ms. Mathias:

On January 31, 2013, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Eagle 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 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



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 5, 2013

Laura Lee Mathias, Administrator  
Edgewood Spring Creek Eagle LLC  
P.O. Box 13336  
Grand Forks, ND 58208

Dear Ms. Mathias:

On January 31, 2013, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Eagle 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 March 2, 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:  <b>13R1007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/31/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD SPRING CREEK EAGLE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>653 NORTH EAGLE ROAD EAGLE, ID 83616</b>		
(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	<p>Initial Comments</p> <p>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 31, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <b>Edgewood Spring Creek Eagle</b>	Physical Address <b>653 N Eagle Road</b>	Phone Number <b>208-938-1590</b>
Administrator <b>Laura Mathias</b>	City <b>Eagle Id</b>	ZIP Code <b>83616</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	410.02	The facility did not conduct one drill per shift per quarter.	2-15-13	7B
2	404.01	The facility does not have documented Quarterly Automatic fire sprinkler system inspections for the third and fourth quarters of 2012.	3-1-13	7B
3	404.01	The facility does not have documented emergency light testing records for the months of February, March and April of 2012.	2-4-13	7B

RECEIVED  
MAR 01 2013

Response Required Date <b>3-2-13</b>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <b>1-31-13</b>
---	--	-------------------------------

FACILITY STANDARDS