



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

March 8, 2013

Tom Pfliger, Administrator
Edgewood Spring Creek Overland LLC
P.O. Box 13336
Grand Forks, ND 58208

License #: RC-1009

Dear Mr. Pfliger:

On February 1, 2013, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Overland 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 7, 2013

Tom Pfliger, Administrator
Edgewood Spring Creek Overland LLC
P.O. Box 13336
Grand Forks, ND 58208

Dear Mr. Pfliger:

On February 1, 2013, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Overland 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 1, 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: 13R1009	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2013
NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK OVERLAND LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 10139 WEST OVERLAND ROAD BOISE, ID 83709		
(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 February 1, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Edgewood Spring Creek Overland</i>	Physical Address <i>10139 W Overland</i>	Phone Number <i>208-639-7000</i>
Administrator <i>Tom PFLIGER</i>	City <i>Boise Id</i>	ZIP Code <i>83709</i>
Survey Team Leader <i>TAYLOR Barkley</i>	Survey Type	Survey Date <i>2-1-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	415.02	The fuel fired furnaces have not been ANNUALLY inspected.	2-13-13	TB
2	402	The facility does not have A documented Quarterly Automatic fire sprinkler system inspection for the second Quarter of 2012.	3-1-13	TB
3	402	There is a transfer grill in the wall between the medication room and the corridor.	3-1-13	TB
4	402	The Kitchen hood fire suppression system WAS NOT inspected on A bi-annual basis	3-1-13	TB
5	402	The Delayed-egress locking mechanism on the exit door next to Room #10 does NOT Activate AND release.	2-1-13	TB
6	402	The electrical breakers in panel AA next to room # 37A are not marked or labeled AS to their control function.	3-1-13	TB

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