



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

November 7, 2012

Nannette Hayes, Administrator
Edgewood Spring Creek Soda Springs
PO Box 13336
Grand Forks, ND 58208

License #: RC-1010

Dear Ms. Hayes:

On August 7, 2012, 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:

- 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

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



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August 15, 2012

Clara Whitney, Administrator
Edgewood Spring Creek Soda Springs
425 South Spring Creek Drive
Soda Springs, Idaho 83276

Dear Ms. Whitney:

On August 7, 2012, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Soda Springs. 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 September 7, 2012.

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/lj

Enclosure

Bureau of Facility Standards

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1010 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____ | (X3) DATE SURVEY COMPLETED 08/07/2012 |
|---|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK SODA SPRINGS | | STREET ADDRESS, CITY, STATE, ZIP CODE 425 SOUTH SPRING CREEK DRIVE SODA SPRINGS, ID 83276 | | |
| (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 August 7, 2012.</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 Springcreek Soda Springs | Physical Address 425 S Spring Creek Dr | Phone Number 208-547-0257 |
| Administrator CLARA Whitney | City Soda Springs | ZIP Code 83276 |
| Survey Team Leader Taylor BARKLEY | Survey Type | Survey Date 8-7-12 |

NON-CORE ISSUES

| ITEM # | RULE # | DESCRIPTION | DATE RESOLVED | L & C USE |
|---------------------------|--------|--|---------------|-----------|
| 1 | 405.05 | The smoke doors by room 5 do not close AND latch. | 8-10-12 | 7B |
| 2 | 404.02 | The facility does NOT have a documented 5 year internal sprinkler system inspection. | 8-14-12 | 7B |
| 3 | 410.02 | The facility did not conduct one drill per shift per Quarter. | 9-5-12 | 7C |
| RECEIVED | | | | |
| AUG 14 2012 | | | | |
| FACILITY STANDARDS | | | | |

| | | |
|---|--|--------------------------------|
| Response Required Date 9-7-12 | Signature of Facility Representative Clara Whitney, EA | Date Signed 8/7/2012 |
|---|--|--------------------------------|