



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 Eider 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)

July 15, 2014

Laura Lee Mathias, Administrator  
Edgewood Spring Creek Eagle Llc  
653 North Eagle Road  
Eagle, ID 83616

License #: RC-1007

Dear Ms. Mathias:

On June 12, 2014, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Eagle. 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 Sam Burbank, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

SAM BURBANK  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

SB/lj



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June 19, 2014

Laura Lee Mathias, Administrator  
Edgewood Spring Creek Eagle  
PO Box 13336  
Grand Forks, ND 58208

Dear Ms. Mathias:

On June 12, 2014, 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 July 14, 2014.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark P. Grimes', with a long horizontal flourish extending to the right.

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:  <b>13R1007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - ENTIRE BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDGEWOOD SPRING CREEK EAGLE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>653 NORTH EAGLE ROAD EAGLE, ID 83616</b>
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(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
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R 000	<p><b>Initial Comments</b></p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on June 12, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name EDENWOOD SPRINGCREEK/ENGLE	Physical Address 653 N. EAGLE RD	Phone Number 208 938 1590
Administrator LINDA MATHIAS	City EAGLE	ZIP Code 83616
Survey Team Leader SAM BURBANK	Survey Type FLS	Survey Date 6/12/14

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.01	(1) DRY SYSTEM HAS LEAK - COMPRESSOR RUNS CONTINUALLY HAS BEEN OBSERVED AS PROBLEM FROM 7/13 TO DATE	7/14/14 SB
2	405.01	(2) SPRINKLER ESCUTCHEONS MISSING & LARGE GAPS AT N/S CORRIDOR - MISSING @ EXIT 18 RM # 1	7/14/14 SB
3	405.07	RESIDENT ROOM # 13 HAS 6X2 MULTIPLE OUTLET ADAPTER WHICH DOES NOT HAVE BREAKER PROTECTION	7/14/14 SB
		EXIT DOOR FROM ACTIVITIES ROOM HAS A DUAL-KEYED DEADBOLT INSTALLED	7/14/14

Response Required Date 7/12/14	Signature of Facility Representative 
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