



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

July 8, 2014

Tom Pfliger, Administrator
Edgewood Spring Creek Overland
PO Box 13238
Grand Forks, ND 58201

License #: R-1009

Dear Mr. Pfliger:

On June 13, 2014, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Overland. 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

SM/lj



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

June 19, 2014

Tom Pfliger, Administrator
Edgewood Spring Creek Overland
10139 West Overland Road
Boise, ID 83709

Dear Mr. Pfliger:

On June 13, 2014, a Life Safety Code, state Licensure survey was conducted at Edgewood Spring Creek Overland.

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 three (3) non-core issue deficiencies were identified on the punch list and one (1) was identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than July 14, 2014.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to the Licensing and Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626.

Sincerely,

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

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 06/13/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK OVERLAND	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 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 13, 2014.</p> <p>The surveyor conducting the survey was:</p> <p>Sam Burbank Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		
-------	---	-------	--	--

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

