



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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August 11, 2014

Kimberly Clark, Administrator  
Edgewood Spring Creek Ustick  
3165 North Meridian Road  
Meridian, Idaho 83646

Provider ID: RC-1004

Ms. Clark:

An unannounced, on-site complaint investigation survey was conducted at Edgewood Spring Creek Ustick LLC between July 28, 2014 and July 28, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

**Complaint # ID00006412**

Allegation #1: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Findings: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility nurse did not properly train and delegate medication aides prior to them assisting with medications.

Findings: Unsubstantiated.

Allegation #3: The facility administrator did not respond to resident's complaints.

Findings: Unsubstantiated.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

RACHEL COREY, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program