



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

October 28, 2013

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

License #: RC-1010

Dear Ms. Hayes:

On September 17, 2013, 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 Tom Mroz, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TOM MROZ
Health Facility Surveyor
Facility Fire Safety & Construction Program

TM/lj



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September 25, 2013

Nannette Hayes, Administrator
Edgewood Spring Creek Soda Springs
425 South Spring Creek Drive
Soda Springs, ID 83276

Dear Ms. Hayes:

On September 17, 2013, a Life Safety Code survey was conducted at Edgewood Spring Creek Soda Springs.

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 six (6) non-core issue deficiencies were identified on the punch list and one (1) identified as a repeat punch. 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 October 17, 2013.

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

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

Nannette Hayes, Administrator

September 25, 2013

Page 2 of 2

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. Thank you for your continued participation in the Idaho residential care assisted living facility (RALF) program.

Sincerely,



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

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility 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 09/17/2013
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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
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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>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 September 17, 2013.</p> <p>The surveyor conducting the survey was:</p> <p>Tom Mroz CFI-II Health Facility Surveyor Facility Fire Safety & Construction</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 <i>EDGEWOOD SPRINGS CREEK</i>	Physical Address <i>425 S SPRINGS CREEK DR</i>	Phone Number <i>208-547-0257</i>
Administrator <i>SUDI DAVIS</i>	City <i>SODA SPRINGS ID</i>	ZIP Code <i>83276</i>
Survey Team Leader <i>T. MROZ</i>	Survey Type <i>FIRE - LIFE SAFETY</i>	Survey Date <i>09-17-13</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	410.02	THE FACILITY DID NOT CONDUCT ONE FIRE DRILL PER SHIFT PER QUARTER. WHEN ASKED, THE FACILITY WAS UNABLE TO PROVIDE THE FIRE DRILL REPORT FOR THE 1 ST SHIFT 3 RD QUARTER OF 2013 or 2012 (12 MONTHS PRIOR TO SURVEY DATE)	9-18-13	TS
2	750.01	THE ADMINISTRATOR DID NOT MAINTAIN FIRE DRILL DOCUMENTATION	9-18-13	TS
3	415.02	THE FUEL-FIRED HEATING DEVICES HAVE NOT BEEN ANNUALLY INSPECTED. LAST INSPECTION REPORT DATED 6-5-12	10-3-13	TSm
4	415.05	THE FACILITY DID NOT HAVE THE ANNUAL FIRE SPRINKLER INSPECTION PERFORMED	9-30-13	TSm
5	405.05f	THE FACILITY DID NOT ENSURE THAT PORTABLE HEATING DEVICES WERE NOT BEING USED. (RESIDENT ROOM 22)	9-18-13	TSm
6	405.01	THE LAUNDRY DEVEE VENT HOSE IS DISCONNECTED FROM EXHAUST PIPE	9-18-13	TSm

Response Required Date <i>10-17-13</i>	Signature of Facility Representative <i>Randy Hill</i>	Date Signed
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