



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

January 14, 2015

Tara Dimick, Administrator
Edgewood Spring Creek Soda Springs
425 South Spring Creek Drive
Soda Springs, Idaho 83276

Provider ID: RC-1010

Ms. Dimick:

On December 4, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Edgewood Spring Creek Soda Springs LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Matt Hauser, QMRP, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MATT HAUSER, QMRP
Team Leader
Health Facility Surveyor

MH/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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December 16, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8685

Tara Dimick, Administrator
Edgewood Spring Creek Soda Springs
425 South Spring Creek Drive
Soda Springs, Idaho 83276

Provider ID: RC-1010

Ms. Dimick:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Edgewood Spring Creek Soda Springs LLC between December 2, 2014 and December 4, 2014, it has been determined that the facility failed to retain a licensed administrator for a period of more than 30 days.

This core issue deficiency substantially limits the capacity of Edgewood Spring Creek Soda Springs LLC to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **January 18, 2015**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **December 29, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at www.assistedliving.dhw.idaho.gov under the heading of Forms and Information.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **January 3, 2015**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Edgewood Spring Creek Soda Springs LLC.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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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**

(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	Initial Comments The following core deficiency was cited during the licensure, follow-up and complaint survey conducted on 12/2/14 through 12/4/14 at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor	R 000	The following plan of correction is submitted by Edgewood Spring Creek - Soda Springs as required by regulation. The submission of this plan does not constitute an admission of guilt or agreement with the cited deficiency. The facility reserves the right to challenge said findings noted in the statement of deficiency. Notwithstanding the aforementioned, the following plan of correction is submitted as evidence of action taken by the facility.	
R 004	16.03.22.215.03 Licensed Administrator Requirement - 30 Days The facility may not operate for more than thirty (30) days without a licensed administrator. This Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations of the facility for a period of more than 30 days. This had the potential to impact 100% of the facility's residents. According to IDAPA 16.03.22.010.05, an administrator is defined as, "an individual, properly licensed by the Bureau of Occupational Licensing, who is responsible for day to day operation of a residential care or assisted living facility." A review of correspondence from the facility to Licensure and Certification, documented the following Administrators were in place; * Mr. Randy Hill, licensed administrator, from	R 004	Resident Specific No specific resident is noted to be affected by the deficient practice. Please note that during the specified time of July 30 – September 2 (34 days) when there was not a licensed administrator designated, the community did have assistance from the Regional Vice President and the licensed administrator from the Spring Creek – American Falls community with oversight and assistance with day to day operations. This continued until an interim licensed administrator was in place as noted in the statement of deficiency. Other Residents As noted in the statement of deficiency, an interim licensed administrator was in place until the current administrator	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

T. J. Mueh ED, Executive Director

12/23/14

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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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
R 004	<p>Continued From page 1</p> <p>5/8/2014 - 9/2/2014. * Ms. Liana Gutierrez, licensed administrator, from 9/3/2014 - 10/13/2014. * Ms. Tara Dimick, licensed administrator, from 10/13/2014 - present.</p> <p>During an interview with staff at the Bureau of Occupational Licenses, on 12/2/14 at 11:48 AM, the staff member stated Randy Hill had a temporary administrators license (TRCA - 1930) that expired on 8/3/2014.</p> <p>On 12/2/14 at 9:15 AM, the current administrator confirmed she received her temporary administrator's license on 10/10/14. She further stated Randy Hill left the facility and terminated employment during the last week of July, 2014.</p> <p>From 7/30/2014 through 9/3/2014, the facility operated a total of 34 days without a licensed administrator.</p>	R 004	<p>began full time employment. This administrator is Tara Dimick (RCA – 1972).</p> <p>Facility Systems</p> <p>The Region Vice President will specifically be responsible for assuring the community has a licensed Residential Care Administrator. License expiration dates will be maintained on a calendar with renewals verified by the Region Vice President. Licensure and Certification will be notified within 3 days of any licensed Administrators change. Please note that Tara Dimick has received her permanent Resident Care Administrator License (RCA – 1972) and Licensure and Certification has been notified via email.</p> <p>Monitor</p> <p>As noted above, the Regional Vice President will monitor any changes in the licensed Residential Care Administrator. The required date for renewal has been included in the calendar maintained for this purpose. Any change that occurs prior to this date will be communicated to Licensing and Certification within 3 days.</p> <p>Date of Compliance</p> <p>December 23, 2014</p>	



Facility EDGEWOOD SPRING CREEK SODA SPRINGS LLC	License # RC-1010	Physical Address 425 South Spring Creek Drive	Phone Number (208) 547-0257
Administrator Tara Dimick	City Soda Springs	ZIP Code 83276	Survey Date December 4, 2014
Survey Team Leader Karen Anderson	Survey Type Licensure, Follow-up and Complaint Investigation		RESPONSE DUE: January 3, 2015
Administrator Signature 	Date Signed 12/4/14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	215.13	The facility did not notify Licensing and Certification of administrator changes within 3 days.	12/29/14	ML
2	225.01	The facility did not evaluate Resident #1 & #3's behaviors.	1/12/14	
3	225.02	The facility did not develop interventions for Resident #1's and #3's behaviors.	12/29/14	ML
4	310.04.a	The facility did not have non-drug interventions in place prior to using psychotropic medications.	12/29/14	ML
5	330.02	The facility did not maintain residents' records for 3 years.	1/12/14	ML
6	350.02	The administrator did not complete an investigation of incidents/complaints within 30 days.	12/29/14	ML
7	350.04	The administrator did not provide complainants with a written response within 30 days.	12/29/14	ML
8	630.01	Three of 5 staff did not have documentation of dementia training.	12/29/14	ML
9	630.02	Three of 5 staff did not have documentation of mental illness training.	12/29/14	ML
10	711.08.e	There was no documentation by caregivers when they notified the nurse when residents had changes of condition.	12/29/14	ML
11				
12				
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20				
21				



IDAHO DEPARTMENT OF

HEALTH & WELFARE Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

*Excellent Kitchen
Inspection food
Quality*

Critical Violations

Noncritical Violations

Soda Springs

Establishment Name <i>Soda Springs</i>		Operator <i>Tara Dimick</i>	
Address <i>423 S. Spring Creek Dr Soda Springs</i>			
County	Estab #	EHS/SUR #	Inspection time: <i>8:30</i> Travel time:
<i>Caribou High</i>	<i>20228</i>	<i>20228</i>	<i>8:30</i>
Inspection Type:	Risk Category:	Follow-Up Report: OR	On-Site Follow-Up:
<i>Caribou High</i>		Date: _____	Date: _____

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</u>	Score	<u>1</u>
A score greater than 3 Med or 5 High-risk - mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk - mandatory on-site reinspection	

RISK FACTORS AND INTERVENTIONS (Idaho Food Code applicable sections in parentheses)

The letter to the left of each item indicates that item's status at the inspection.

	Demonstration of Knowledge (2-102)	COS	R
<u>Y</u> N	1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N (N/A)	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	19. Cold Holding (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> N (N/A)	26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>

Y = yes, in compliance
N/O = not observed
COS = Corrected on-site
R = Repeat violation
N = no, not in compliance
N/A = not applicable
☒ = COS or R

Cold holding ☒ = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>Ground Beef</i>	<i>172</i>	<i>potatoes</i>	<i>112</i>	<i>Chicken legs</i>	<i>53°</i>		
<i>watermelon</i>	<i>42</i>	<i>gravy</i>	<i>182</i>	<i>Chicken strips</i>	<i>51°</i>		

GOOD RETAIL PRACTICES (☒ = not in compliance)

	COS	R		COS	R		COS	R
<input checked="" type="checkbox"/> 27. Use of ice and pasteurized eggs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>	42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>	43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	<input type="checkbox"/>	37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>	45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>	46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>	47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
			41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	49. Other	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <i>Tara Dimick</i>	(Print) <i>Tara Dimick</i>	Title <i>ED</i>	Date <i>12/4/14</i>
Inspector (Signature) <i>Karen Anderson</i>	(Print) <i>KAREN Anderson</i>	Date <i>12/4/14</i>	Follow-up: (Circle One) Yes No



Residential Assisted Living Facility Program, Medicaid L & C
3232 W. Elder Street, Boise, Idaho 83705
208-334-6626

Page 2 of 2
Date 12-4-14

Soda Springs

Establishment Name Edgewood Spring Creek	Operator Tara Dimick
Address 425 S. Spring Creek Dr Soda Springs	
County Estab # Cibola 20588	EHS/SUR # License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#19: On 12/3/14 @ 9:30 AM, the uncooked chicken breast stored in the refrigerator temp at 53° degrees. Cook chicken strips also temp at 51° F.

COS: All potentially hazardous food stored in the fridge was disposed of. The temperature control setting was adjusted to ensure food was kept at 41° or below.

#27: The ice machine was observed on 12/3/14, to have a build up of a slimy substance.

COS: The dietary manager observed the ice machine was cleaned and sanitized.

Person in Charge Tom Muck	Date 12/4/14	Inspector Karen Anderson	Date 12/4/14
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December 16, 2014

Tara Dimick, Administrator
Edgewood Spring Creek Soda Springs
425 South Spring Creek Drive
Soda Springs, Idaho 83276

Provider ID: RC-1010

Ms. Dimick:

An unannounced, on-site state licensure/follow-up survey and complaint investigation were conducted at Edgewood Spring Creek Soda Springs LLC between December 2, 2014 and December 4, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006391

Allegation: There was no licensed administrator assigned to the building.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.03 for not having a licensed administrator assigned to the building for more than 30 days. The facility was required to submit a plan of correction.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



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December 16, 2014

Tara Dimick, Administrator
Edgewood Spring Creek Soda Springs
425 South Spring Creek Drive
Soda Springs, Idaho 83276

Provider ID: RC-1010

Ms. Dimick:

An unannounced, on-site state licensure/follow-up survey and complaint investigation survey were conducted at Edgewood Spring Creek Soda Springs between December 2, 2014 and December 4, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006713

Allegation #1: The administrator did not respond in writing to residents' and families' complaints.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not providing a written response to complaints. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility nurse did not assess residents after they had a change of condition which included nausea, vomiting, confusion, bruises of unknown origin and falls that required medical attention.

Findings: Unsubstantiated.

Allegation #3: The facility did not update residents' care plans after they had changes of condition and required additional activity of daily living (ADL) support.

Findings: Unsubstantiated.

Allegation #4: Residents' medications were not given as ordered by their physicians.

Findings: Unsubstantiated.

Allegation #5: The facility did not conduct an investigation after a resident had an adverse reaction to a medication.

Tara Dimick, Administrator
December 16, 2014
Page 2 of 2

Findings: Unsubstantiated. However, the facility was issued a deficiency at IDAPA 16.03.22.350.02, for not investigating other incidents and complaints. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: Residents' Negotiated Service Agreements (NSA) were not signed by the required parties.

Findings: Unsubstantiated.

Allegation #7: Medication aides were not trained to look for adverse reactions to medications.

Findings: Unsubstantiated.

Allegation #8: A resident was inappropriately discharged from the facility.

Findings: Unsubstantiated.

Allegation #9: The facility did not have a licensed administrator for more than 30 days.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.215.03 for not having a licensed administrator for more than 30 days. The facility was required to submit a plan of correction.

Allegation #10: Residents were not assessed at least every 90 days by the nurse.

Findings: Unsubstantiated.

Allegation #11: The facility did not notify Licensing and Certification of administrator changes within 3 days.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.215.13 for not notifying Licensing and Certification within 3 days of a change of administrators. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



MATT HAUSER, QMRP
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program