



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

January 20, 2015

Michelle Nisen, Administrator
Edgewood Spring Creek Boise
PO Box 13336
Grand Forks, ND 58208

License #: RC-1006

Dear Ms. Nisen:

On December 12, 2014, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Boise. 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



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) 384-1888
E-mail: fsb@dhw.idaho.gov

December 15, 2014

Michelle Nisen, Administrator
Edgewood Spring Creek Boise
PO Box 13336
Grand Forks, ND 58208

Dear Ms. Nisen:

On December 12, 2014, a Fire Life Safety Survey was conducted at Edgewood Spring Creek Boise. 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 January 12, 2015.

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 'M.P. Grimes', with a long horizontal line 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: 13R1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2014
--	---	--	--

NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK BOISE	STREET ADDRESS, CITY, STATE, ZIP CODE 10681 WEST MCMILLAN ROAD BOISE, ID 83713
---	--

(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 December 12, 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		

RECEIVED
JAN 12 2015
FACILITY STANDARDS

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



Facility Name EUREWOOD SPRINGCREEK	Physical Address 10681 McMILLAN	Phone Number 208-954-5661
Administrator MICHELLE NISEN	City BOISE	ZIP Code 83713
Survey Team Leader Sam Bullmark	Survey Type LSC	Survey Date 12/12/14

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	405.01	1) OPEN ELECTRICAL BOX 4" x 4" @ NURSES OFFICE 2) OPEN ELECTRICAL BOX 4" x 4" @ WARDEN RM # 18	1/20/15 SB
2	405.05	1) OPEN HOLES IN HEAD ABOVE EXITS WITHOUT NEW WARDER GUARD INSTALLED W/ EXPOSED WIRING	1/20/15 SB
	405.07	2) DAMAGED EGRESS DOORS WITHOUT SIGNS ON PANK BAR @ (2) EXITS - NORTHWEST & SOUTHWEST/MAIN	1/20/15 SB
		3) TRANSFER GRILLE CUT INTO LAUNDRY ROOM / CORRIDOR DOOR	1/20/15 SB
3	415.01	SELF-CLOSURE ON HAZARDOUS AREA STORAGE @ DINING ROOM DISHES	1/20/15 SB
4	405.07	(4) METHODS OF CONTROLLED LOCKS @ MAIN DOORS - WARDER GUARD / DOOR WARDER / KNOBS / "PUSH TO EXIT" CONTROLLED BY KEY	SB

Response Required Date

1/12/15

Signature of Facility Representative

[Handwritten Signature]