NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Edgewood Spring Creek Overland, LLC	RC-1009	10139 West Overland Road	208-639-7000
Administrator	City	Zip Code	Survey Date
Gary Weaver	Boise	83709	04/07/2022
Survey Team Leader	Survey Type		Response Due
McClenathan, Teresa	Health Care Licensure and Follow-Up		05/07/2022

Item #	Rule (16.03.22)	Description
1	.009.06.c. Use of Previous Criminal History and Background Check.	Three of four employees, who required a state police background check, did not have one completed. Upon interview with the business office manager, it was confirmed the ISP background checks were not completed.
2	.215.08.e. Corrective Action.	The facility did not ensure appropriate corrective actions were put into place to prevent recurrence of falls for Residents #4 and #5. Resident #4 fell on 2/14/22, 3/16/22, and 3/26/22, and the facility did not implement interventions to prevent recurrences. Resident #5 fell 9 times from 10/26/21 to 2/1/22, and the facility did not implement interventions to prevent recurrences. The facility nurse confirmed interventions were not implemented.
3	.215.08.f. Notification to Licensing Agency within One Business Day.	The facility did not notify Licensing and Certification when Resident #3 and Resident #5 fell on 12/7/21 and 2/14/22, which required assessment and treatment at the hospital. The facility nurse stated the facility had not reported these incidents.
4	.305.02.b. Current Medication Orders and Treatment Orders*	The facility nurse did not ensure residents received their medications and treatments as ordered. For example, Resident #1 did not receive the correct dose of levothyroxine for over

		five months, when the dose was changed on 10/12/21. Since admission on 5/13/21, Resident #6 had not received their physician ordered diet for a "CCHO" (consistent or controlled carbohydrate) diet. The facility nurse confirmed Resident #1's medication order and Resident #6's diet order were not followed.
5	.305.03. Resident Health Status*	The facility nurse did not conduct nursing assessments when residents experienced changes in physical or mental health status. For example, when Resident #3 sustained falls on 1/3/22 and 1/4/22, Resident #5 fell 10 times between 10/26/21 and 3/6/22, and Resident #6 experienced "light headedness" in March of 2020. The facility nurse stated change of condition assessments were not completed for these residents.
6	.450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.	The facility did not have a certified food protection manager. The administrator and kitchen manager confirmed the facility did not have a certified food protection manager.
7	.600.04.b. Sufficient Personnel*	Two of two caregivers, who worked alone, did not have current first aid training certifications. The business office manager confirmed the staff did not have current first aid certifications.