NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Edgewood Spring Creek American Falls, LLC	RC-1005	605 Hillcrest Avenue	208-226-1856
Administrator	City	Zip Code	Survey Date
Tammy Doss	American Falls	83211	02/10/2026
Survey Team Leader	Survey Type		Response Due
Lu, Melvin	Health Care Complaint Investigation		03/12/2026

Item #	Rule (16.03.22)	Description
1	39-3321.2.e. Qualifications and Requirements of Administrator.	The administrator did not complete an investigation and written report within 30 days of each accident and incident. For example, Resident #1 fell on 12/6/25 and Resident #3 fell on 10/10/25. The regional nursing director and administrator stated these investigations were not completed within 30 days.
2	39-3321.5. Qualifications and Requirements of Administrator.	The facility did not notify licensing and certification (L&C) within one business day when Resident #1 fell on 12/3/25, Resident #2 fell on 1/17/26 and 1/18/26, and Resident #3 fell on 10/10/25, and were sent to the hospital for evaluation. The administrator confirmed L&C was not notified of these incidents.