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	06/05/2026
Survey Team Leader	Survey Type		Response Due
Oldfield, Michael	Health Care Licensure and Follow-Up		07/05/2026

Item #	Rule (16.03.22)	Description
1	.009.04. Submission of Fingerprints.	The facility did not submit one of six employees fingerprints within 21 days of hire. The administrator confirmed the Department Criminal History and Background Check was not submitted within 21 days of hire.
2	.009.06.c. Use of Previous Criminal History and Background Check.	One of two employees, whose files were reviewed and required an Idaho State Police background check, did not have the check completed prior to working alone with residents. The administrator confirmed the Idaho State Police background check was not completed and the employee had been working alone with residents.
3	.161.04. Designated Smoking Areas.	During the survey between 6/1/26 and 6/4/26 multiple staff and residents were observed smoking throughout the facility grounds and not in the designated smoking areas. Cigarette butts were observed to be in a trash can near the front door with combustible items in it. The administrator stated she needed to re-train the staff and residents to only smoke in designated areas.
4	.250.09. Resident Sleeping Rooms.	The facility did not maintain hot water temperatures between 105 F. to 120 degrees F. Room #1's water temperature was at 128.3.0 F. Room #19's water temperature was 128.3 F. and

		Room #8's water temperature was 124.0 F. on 6/1/26. The maintenance supervisor stated the facility recently had a new water heater installed and confirmed water temperatures were not maintained between 105 F. to 120 F.
5	.305.03. Change in Resident Health Status.	The facility nurse did not assess residents after they experienced a change in physical or mental health status. For example, Resident #4 fell on 11/9/25, 11/12/25, and 2/25/26, Resident #1 had surgeries to their wrist and knee in March or February 2026. Staff progress notes from March, April and May 2026 documented the resident had increased pain to wrist and knee post-surgery. No documentation from the previous facility nurse pertaining to resident having surgeries nor pain due to surgeries was found by the facility. The administrator stated the former facility nurse did not consistently assess residents after they experienced a change in condition.
6	.310.01.c. Medication Distribution.	The facility's medication refrigerator temperatures were not monitored and documented daily. The facility's medication refrigerator contained insulin and lorazepam and staff did not document temperatures from 3/28/26 to 4/2/26, from 4/4/26 to 4/10/26, from 4/12/26 to 4/14/26, and from 4/16/26 to 5/31/26. The administrator stated they were changing electronic systems and this was missing during the transition.
7	.320.08. Periodic Review.	Negotiated Service Agreements (NSAs) were not updated to reflect significant changes in Resident #1 and Resident #2 's health status. For example, Resident #1 no longer wore a Thrombo-Embolic Deterrent (TED) hose, and was using a different type of compression stockings, which were not included in the care plan or task instructions. Resident #2 required additional assistance eating intermittently but did not describe how to determine when they would require the assistance, they had a half bed rail for repositioning and could assist with turning if directed, and "required assist 1 to 2 times", however the NSA did not describe what type of

		assistance and how to determine when it was needed. Resident #2's NSA documented night needs as "Regularly scheduled checks" and did not describe how often, or the type of checks or care needed, and they had wounds including skin tears and a pressure injury and wore skin protective sleeves, which were not included on the care plan, nor were there instructions for staff on how to care for the wounds or what to report to the nurse. The facility nurse and facility administrator confirmed the NSAs were not updated. ***Previously cited on 3/01/24***
8	.330.04.c.viii. Resident Care Records.	The facility did not have documentation of behavioral updates provided for the six-month psychotropic medication reviews for Residents #1, #3, #4, and #6. The administrator stated updates were provided verbally to the psych provider but were not documented.
9	.330.06.b. Additional Resident Records.	The facility did not implement at least one intervention specific to each maladaptive behavior. For example, Resident #4 exhibited behaviors of verbal abuse towards staff, hallucinating that interfered with cares, and refusals of cares and did not have interventions for any of these behaviors, Resident #1 exhibited behaviors of becoming agitated and resistive with cares when not assisted immediately, yelling at staff, and threatening to throw themselves on the floor. The administrator and nurse stated interventions had not been developed for each maladaptive behavior. ***Previously cited on 3/01/24***
10	.455. FOOD SUPPLY.	The facility did not maintain a 7-day supply of non-perishable food for 27 residents, for three meals and three snack daily to meet the menu. For example, in the pantry there were approximately 24 large cans of various foods such as fruits and soups, 24 small cans of soups, 3 partial containers and 1 bag of breakfast cereal, and several boxes of muffin and cake mixes. The head cook confirmed there was not a 7-day supply of non-perishable food to meet the menu for 27 residents.

11	39-3321.2.e. Qualifications and Requirements of Administrator.	The facility did not complete an investigation and written report within 30 days of each accident and incident. For example, Resident #4 fell on 11/9/25 and 11/12/25 and investigations were not completed until February 2026. The administrator stated the previous nurse was responsible for investigations and they were not completed within 30 days. ***Previously cited on 2/10/26***
12	39-3321.4. Qualifications and Requirements of Administrator.	The facility did not implement corrective action immediately after each accident and incident to prevent recurrence. For example, Resident #4 fell on 11/9/25, 11/12/25, 2/21/26, and 2/25/26 and corrective action was either not implemented at all or was implemented up to three months after the incident occured. The administrator stated the previous nurse was responsible for implementing corrective action and this was not always completed.