NON-CORE ISSUES

Facility	License #	Physical Address	Phone Number
Edgewood Spring Creek Boise, LLC	RC-1006	10681 West McMillan Road	208-954-5660
Administrator	City	Zip Code	Survey Date
Kimberly Clark	Boise	83713	09/25/2026
Survey Team Leader	Survey Type		Response Due
McClenathan, Teresa	Health Care Licensure and Follow-Up		10/25/2026

Item #	Rule (16.03.22)	Description
1	.260.05. Housekeeping and Maintenance Services.	The facility was not maintained in a clean, safe, and orderly manner. For example: the five year sensitivity test for the fire alarm system failed the inspection on 7/16/26 and was not re-inspected to ensure safety. The maintenance supervisor stated he was going to get an appointment scheduled.
2	.310.01.f. Medication Distribution.	The facility did not provide residents' medications as ordered. For example, Resident #6 had a physician's order, dated 9/21/26, for Furosemide 20 mg daily and Flonase nasal spray daily and still had not received these medications as of 9/24/26. Resident #8 did not receive their Preservision, which was ordered on 8/27/26, as of 9/24/26. Resident #3 did not have their Guaifenesin available to them four times in August 2026. Resident #5 did not have their morphine available to them on 9/16/26 and facility was out of "supplies" on 6/7/26 and could not obtain their blood glucose levels. The LPN stated Residents #3, #5, #6, and #8 did not receive their medications as ordered.
3	.310.02. Discontinued and Expired Prescriptions.	The facility did not keep record of non-narcotic medications that were sent back to the pharmacy for credit. The RN confirmed they did not document when they sent non-narcotics to the pharmacy.

4	.310.02.b. Discontinued and Expired Prescriptions.	The facility's medication destruction log did not document the residents' names for whom the medication was prescribed. The RN stated they were working on their electronic system.
5	.310.02.c. Discontinued and Expired Prescriptions.	The facility's paper medication destruction record did not have the method, date of disposal.
6	.310.02.d. Discontinued and Expired Prescriptions.	The facility's medication destruction log did not include two signatures when they destroyed non-narcotic medications. The RN confirmed the logs did not include signatures at all.
7	39-3309.01 NEGOTIATED SERVICE AGREEMENT	The facility did not ensure all residents' negotiated service agreements (NSAs) were updated to clearly identify the resident and describe the services to be provided. For example, Resident #2's NSA did not document they were on hospice and hospice provided showers. Resident #4's NSA did not document they were receiving home health for PT/OT. Resident #5's NSA did not document they were on hospice for bathing needs and wound care. The facility nurse stated the NSAs needed to be updated to reflect residents' current status.
8	39-3309.2.g NEGOTIATED SERVICE AGREEMENT	The facility did not obtain signatures and approval of negotiated service agreements (NSAs) from residents' families or legal representatives for Resident #1,# 2, #3, #5, and #6. The facility nurse stated there were some issues with the facility's electronic record keeping system and they are still trying to work these issues out. ***Previously cited on 7/18/25 at 320.03***
9	39-3321.2.e. Qualifications and Requirements of Administrator.	The facility did not complete investigations for incidents within 30 days of each incident. For example, Resident #7 had five falls between 5/9/26 and 8/29/26 and investigations were not completed. Resident #1 fell on 6/29/26. Resident #5 had falls on 5/11/26 and 7/9/26. The facility nurses stated the investigations had not been completed. ***Previously cited on 7/18/25***
10	39-3321.4. Qualifications and Requirements of Administrator.	The facility did not implement immediate corrective action when incidents and actions occurred to prevent recurrence. For example, Resident #7 had five falls between 5/9/26 and

		8/29/26 and no immediate corrective action was taken. Resident #3 had a fall with injury on 9/19/26. Resident #5 had falls on 5/11/26 and 9/5/26. The facility nurses stated corrective action was not immediately implemented. ***Previously cited on 7/18/25***