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 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

April 4, 2007

Elishia Ricky, Administrator
Trinity at Lewis & Clark
3668 S Heritage Ave
Boise, ID 83709

License #: RC-825

Dear Ms. Ricky:

On February 27, 2007, a life safety code survey was conducted at Trinity at Lewis & Clark. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- 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 Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

CL/sc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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March 6, 2007

Elishia Ricky, Administrator
Trinity at Lewis & Clark
3668 S Heritage Ave
Boise, ID 83709

Dear Ms. Ricky:

On February 27, 2007, a life safety code survey was conducted at Trinity at Lewis & Clark. 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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 29, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R825	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING	(X3) DATE SURVEY COMPLETED 02/27/2007
NAME OF PROVIDER OR SUPPLIER TRINITY AT LEWIS & CLARK	STREET ADDRESS, CITY, STATE, ZIP CODE 12423 WEST LEWIS AND CLARK DRIVE 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	Initial Comments The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 27, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire safety & Construction	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Trinity at Lewis and Clark	12423 W. Lewis and Clark	(208) 409-1090
Administrator	**City**	**ZIP Code**
Elisha Ricky	Boise	83713
Survey Team Leader	**Survey Type**	**Survey Date**
Chris Laumann	Fire/Life Safety.	2/27/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	415.01	Maintenance of equipment. (i.e. Sprinkler System). Six sprinkler heads in the living room area were equipped with heads with a clear glass bulb instead of the required quick response heads (red bulb).		

Response Required Date	Signature of Facility Representative	Date Signed
3/27/07	Elisha M Ricky	2-27-07