



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 Eklar Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

June 25, 2015

Daythun Cole, Administrator
Trinity at 1st Street
Box 236
Boise, ID 83713

License #: R-813

Dear Mr. Cole:

On May 12, 2015, a Fire Life Safety Survey was conducted at Trinity at 1st Street. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Nathan Elkins, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

NATHAN ELKINS
Health Facility Surveyor
Facility Fire Safety & Construction Program

NE/lj



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May 22, 2015

Daythun Cole, Administrator
Trinity at 1st Street
Box 236
Boise, ID 83713

Dear Mr. Cole:

On May 12, 2015, a Fire Life Safety Survey was conducted at Trinity at 1st Street. 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 evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 11, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Mark P. Grimes". The signature is fluid and cursive, with a long horizontal line extending to the right.

MARK P. GRIMES, Supervisor
Facility Fire Safety & Construction Program

MFG/lj
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R831	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2015
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NAME OF PROVIDER OR SUPPLIER TRINITY AT 1ST STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 1353 WEST 1ST STREET MERIDIAN, ID 83642
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(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
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R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the life safety code requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard and complaint life safety code survey conducted on May 12, 2015</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Fire Life Safety & Construction</p>	R 000		
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Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Facility Name <i>Trinity 1st Street</i>	Physical Address <i>1353 W. 1st Street</i>	Phone Number <i>208-898-8957</i>
Administrator <i>Danthon Cole</i>	City <i>Meridian</i>	ZIP Code <i>83642</i>
Survey Team Leader <i>Nathan Elkins</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>5-12-15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	415.05	The facility failed to ensure automatic extinguishing systems were tested, inspected and serviced at least annually. * Last inspection on file 4-29-14*	5-12-15 NE
2	415.04 (a)	The facility failed to ensure the fire alarm system was inspected and tested and serviced annually. * Last inspection on file 4-29-14*	5-12-15 NE
3	415.04 (b)	The facility failed to inspect and test the fire alarm smoke detection system at least monthly.	5-13-15 NE
4	410.02	The facility failed to conduct fire drills one (1) per shift per quarter. * Missing 1st qtr All shifts, Missing 2nd qtr NOC shift, Missing 3rd qtr NOC shift, Missing 4th qtr AM & NOC shifts	5-13-15 NE

Response Required Date

6-12-15

Signature of Facility Representative

Charles M Smith for Danthon Cole Admin