



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
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May 22, 2015

Catherine Gravatt, Administrator  
Trinity at Lewis & Clark  
Box 236  
Boise, ID 83713

Dear Ms. Gravatt:

On May 14, 2015, a Fire Life Safety 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.

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

Sincerely,

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

MPG/lj  
Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R825</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - BUILDING 1</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/14/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRINITY AT LEWIS &amp; CLARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12423 WEST LEWIS AND CLARK DRIVE BOISE, ID 83713</b>
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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
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 life safety code survey conducted on May 14, 2015.</p> <p>The survey was conducted by:</p> <p>Nathan Elkins Health Facility Surveyor Facility Fire Safety &amp; Construction</p>	R 000		

Bureau of Facility Standards  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_