



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

February 02, 2016

Catherine Gravatt, Administrator
Trinity at Lewis & Clark
3555 North Five Mile Road #236
Boise, Idaho 83713

Provider ID: RC-825

Catherine Gravatt:

On December 10, 2015, a healthcare licensure and follow-up 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.

Your submitted evidence of resolution is being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Maureen McCann, RN
Team Leader
Health Facility Surveyor

MM/sc

cc: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

December 14, 2015

Catherine Gravatt, Administrator
Trinity at Lewis & Clark
3555 North Five Mile Road #236
Boise, Idaho 83713

Provider ID: RC-825

Ms. Gravatt:

A healthcare licensure and follow-up survey was conducted at Trinity at Lewis & Clark between December 8, 2015 and December 10, 2015. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified.

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, on December 10, 2015. 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 January 9, 2015.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

McCann, Maureen
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc



Facility TRINITY AT LEWIS & CLARK	License # RC-825	Physical Address 12423 WEST LEWIS AND CLARK DRIVE	Phone Number (208) 658-1642
Administrator Catherine Gravett	City BOISE	ZIP Code 83713	Survey Date December 10, 2015
Survey Team Leader Maureen McCann, RN	Survey Type Licensure and Follow-up	RESPONSE DUE: January 9, 2016	
Administrator Signature <i>C. Gravett</i>	Date Signed 12/10/15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.01	1 of 5 employees did not have a completed criminal history and background check.	2/2/16	MCC
2	152.05.b.iii	1 resident had bedrails attached to her bed.	1/22/16	MCC
3	305.02	A) The facility did not ensure all medications were available as ordered for Residents #1, #3 and #4. B) The facility did not ensure all medications and physician's orders were congruent.	1/22/16	MCC
4	305.03	The facility nurse did not document nursing assessments when residents experienced a change of condition.	1/22/16	MCC
5	320	A) Residents #2 and #4 did not have NSA's completed within 14 days of admission. B) Resident #1's NSA was not signed and dated by all parties.	A/B 2/2/16	MCC
6	600.05	The administrator did not provide supervision for Resident #1 who had advanced dementia and was sent to the ED in a taxi without an escort.	2/2/16	MCC
7	640	3 of 5 employees did not have the required 8 hours of annual CEU's completed.	1/22/16	MCC
8	710.04	Resident #2 did not have a completed history and physical prior to or since admission in August 2015.	1/22/16	MCC
9	711.04	The facility did not document they had notified Resident #1's and #3's physicians of their refusals of medications or treatments.	2/2/16	MCC
10	725.01	The facility's admission/discharge log was not kept current.	1/22/16	MCC
11				
12				
13				
14				
15				
16				
17				
18				
19				