HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director March 10, 2008

Elishia Ricky, Administrator Trinity at Lewis & Clark 3668 South Heritage Avenue Boise, ID 83709

Dear Ms. Ricky:

Congratulations to both you and your staff on your recent deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, Congratulations to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely

AMIE SIMPSON, MBA, QMRP

Program Supervisor

Residential Assisted Living Facility Program

JS/sc

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER OF THE PROVIDER O			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
13R825			OTDEET ADD	DE00 0004 0	03/04/2008		1/2008
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	
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Bureau of Facility Standards

STATE FORM

TITLE

(X6) DATE

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