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@dhw.idaho.qov

August 2, 2010

Vivian Swansen, Administrator Trinity Assisted Living PO Box 521 Kootenai, Idaho 83840

Dear Ms. Swansen:

On July 28, 2010, a Fire Life Safety Survey was conducted at Trinity Assisted Living. 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. However, since the deficiency was corrected on-site, you do not need to return evidence of resolution to our office. Your facility was found to be in substantial compliance as of July 28, 2010.

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

PRINTED: 08/02/2010 FORM APPROVED

Bureau of Facility Standards STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 (X3) DATE SURVEY COMPLETED

13R824

B. WING \_\_

07/28/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

100 HUMBIRD STREET

		100 HUMBIRD STREET KOOTENAI, ID 83840		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments	R 000		
K 000	The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential Assisted Living Facilities in Idaho. No condeficiencies were cited during the standarsafety code survey conducted on July 28. The surveyor conducting the survey was Taylor Barkley Health Facility Surveyor Facility Fire Safety & Construction	of or		
				***
	cility Standards			

TITLE

(X6) DATE