



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
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FILE COPY

February 16, 2011

Daythun Cole, Administrator  
Trinity At 1st Street  
3555 North Five Mile Road  
Box 236  
Boise, ID 83713

License #: Rc-813

Dear Mr. Cole:

On January 5, 2011, a Complaint Investig. survey was conducted at Trinity At 1st Street. As a result of that survey, non-core, punch list items 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Matt Hauser , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matt Hauser  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MH/mh

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



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January 18, 2011

Copy

Date            Initials  
Bureau of Facility Standards

Daythun Cole, Administrator  
Trinity At 1st Street  
3555 North Five Mile Road  
Box 236  
Boise, ID 83713

**FILE COPY**

Dear Mr. Cole:

An unannounced, on-site complaint investigation survey was conducted at Trinity At 1st Street from January 5, 2011, to January 5, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004664

**Allegation #1:**            An identified caregiver was working without a criminal background clearance check.

**Findings #1:**            Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.01 for not completing an appropriate criminal history background clearance on the identified caregiver. The facility was also issued a deficiency at IDAPA 16.03.22.009.06.c for not completing State-only background checks when required. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:**            The facility was not destroying controlled substances, but instead was diverting them to another individual.

**Findings #2:**            On 1/5/11 between 9:30 AM and 11:30 AM, six residents stated they always received all of their medications as ordered. During this time, two caregivers, the facility owner and the administrator stated controlled substances were

Daythun Cole, Administrator

January 18, 2011

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always disposed of and counted with a witness present.

The facility's controlled substances were observed, counted and compared with controlled substance tracking sheets. No discrepancies were found. Medication destruction logs documented all required information, including the signature of a witness who observed each disposal. The destruction logs were compared with the corresponding medication assistance records and no discrepancies were found.

Conclusion: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matt Hauser', with a long horizontal flourish extending to the right.

Matt Hauser  
Health Facility Surveyor  
Residential Assisted Living Facility Program

MH/mh

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

