# IDAHO DEPARTMENT OF HEALTH & WELFARE

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 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

October 10, 2012

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

License #: RC-813

Dear Mr. Cole:

On September 6, 2012, a Fire Life Safety and a Complaint Survey were conducted at Trinity at 1st Street. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

For

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

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September 7, 2012

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

Dear Mr. Cole:

On September 6, 2012, a Fire Life Safety Annual Recertification Survey and a Fire Life Safety Complaint Survey were conducted at Trinity at 1st Street. 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. 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 October 6, 2012.

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: 13R831 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING | (X3) DATE SURVEY COMPLETED 09/06/2012 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER TRINITY AT 1ST STREET | STREET ADDRESS, CITY, STATE, ZIP CODE 1353 WEST 1ST STREET MERIDIAN, ID 83642 | | |

| (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 | Initial Comments<br><br>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 and complaint life safety code survey conducted on September 6, 2012.<br><br>The surveyor conducting the survey was:<br><br>Taylor Barkley<br>Health Facility Surveyor<br>Facility Fire Safety & Construction | R 000 | | |

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

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Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

# ASSISTED LIVING Non-Core Issues Punch List

| Facility Name | Physical Address | Phone Number |
|---|---|---|
| Trinity AT 1st Street | 1353 West 1st Street | 208-898-8957 |
| **Administrator** | **City** | **ZIP Code** |
| Daythun Cole | Meridian Id | 83642 |
| **Survey Team Leader** | **Survey Type** | **Survey Date** |
| Taylor Barkley | | 9-6-12 |

## NON-CORE ISSUES

| ITEM # | RULE # 16.03.22 | DESCRIPTION | DATE RESOLVED | BFS USE |
|---|---|---|---|---|
| 1 | 415.02 | The fuel fired furnace has not been annually inspected. | 9-6-2012 | |
| 2. | 250 | The west side of the roof is missing multiple shingles and an area that is approximately five feet by five feet in size is missing all of the shingles. | 9-12-2012 | |
| 3 | 250 | The east side of the roof is missing approximately ten shingles. | 9-12-2012 | |

RECEIVED OCT 01 2012 FACILITY STANDARDS

| Response Required Date | Signature of Facility Representative | Date Signed |
|---|---|---|
| 10-6-12 | [signature] | 9-6-12 |