



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 21, 2011

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

License #: RC-824

Dear Ms. Swansen:

On September 28, 2011, a Fire Life Safety Survey was conducted at Trinity Assisted Living. 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 Eric Mundell, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

Eric Mundell
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/lj

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



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October 7, 2011

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

Dear Ms. Swansen:

On September 28, 2011, 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. 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 28, 2011.

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: 13R824	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1 B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2011
NAME OF PROVIDER OR SUPPLIER TRINITY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 100 HUMBIRD STREET KOOTENAI, ID 83840		
(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	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of IDAPA 16.03.22 Residential Care or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 28, 2011.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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

STATE FORM

6899

GI0H21

If continuation sheet 1 of 1



Facility Name <i>Trinity</i>	Physical Address <i>100 Humbird</i>	Phone Number <i>265-8950</i>
Administrator <i>Vivian Swanson</i>	City <i>Kootenai</i>	ZIP Code <i>83840</i>
Survey Team Leader <i>Eric Mundell</i>	Survey Type <i>FLS</i>	Survey Date <i>9/28/11</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
<i>1</i>	<i>415.04</i>	<i>a The Fire Alarm system has not been inspected since April 2010.</i>	<i>9/28/11</i>	
<i>2</i>	<i>415.01</i>	<i>The bath can does not have a metal lid in the designated area.</i>	<i>10/3/11</i>	

RECEIVED

OCT 18 2011

FACILITY STANDARDS

Response Required Date <i>October 25, 2011</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>9/28/11</i>
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