

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966687	(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER TRINITY CARE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1298 VICTORIA DR W WEST PALM BEACH, FL 33406	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2015004616, was conducted on 7/08/15 at Trinity Care Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 10, 2015

Administrator
Trinity Care Assisted Living Facility
1298 Victoria Dr W
West Palm Beach, FL 33406

RE: CCR #2015004616

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 8, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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