

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969017	(X3) DATE SURVEY COMPLETED 06/27/2016
NAME OF PROVIDER OR SUPPLIER WATERMARK AT TRINITY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1960 BLUE FOX WAY TRINITY, FL 34655	

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

0000 Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted at Watermark at Trinity on 6/27/2016. Watermark at Trinity, Assisted Living Facility, had no deficiencies at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 7, 2016

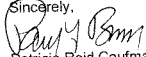
Administrator
Watermark at Trinity (The)
1960 Blue Fox Way
Trinity, FL 34655

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on June 27, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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