

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969017	(X3) DATE SURVEY COMPLETED 10/19/2017
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 A complaint investigation, (CCR# 2017008443), was conducted at Watermark at Trinity, The on 10/19/17. Watermark at Trinity, The, Assisted Living Facility, had no deficiencies at the time of the investigation. (License # 12868)		