STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966687	**03/15/2018**
NAME OF PROVIDER OR SUPPLIER **TRINITY CARE INC**	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

On 03/15/2018 an unannounced Assisted Living Facility relicensure survey was conducted at Trinity Care Inc. 1298 Victoria Drive, West Palm Beach 33406 (LIC#10823). No deficiency was found at the time of the visit.