

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969017	(X3) DATE SURVEY COMPLETED 08/30/2018
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 monitoring visit was conducted at Watermark at Trinity Assisted Living Facility on 08/30/18.

(License # 12868)