STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969017	**09/12/2018**
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 The Watermark at Trinity Assisted Living Facility on 09/12/18.

(License#: 12868)