STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969017	**10/03/2018**
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 Complaint Survey (CCR#: 2018013611) in conjunction with a Revisit to 08/16/18 Complaint Survey (CCR#: 2018012334) in conjunction with a Change of Ownership Provisional Licensure with Extended Congregate Care and Generator Monitoring for the period of 06/01/18 through 11/30/18, was conducted at Watermark at Trinity Assisted Living Facility on 10/03/18. There was no deficient practice related to the complaint identified at Watermark at Trinity Assisted Living Facility at the time of the survey.

(License#: 12868)