STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969017	R **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 Revisit to an 08/16/18 Complaint Survey (CCR#: 2018012334) was conducted in conjunction with a Complaint Survey (CCR#: 2018013611) and a Change of Ownership survey and Generator Monitoring at Watermark at Trinity Assisted Living Facility on 10/03/18. There were no deficiencies related to the revisit at the time of the survey.

(License#: 12868)