STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969449	**11/16/2018**
NAME OF PROVIDER OR SUPPLIER **TRINITY COMMUNITY LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **308 SW SHELBY AVE** **MADISON, FL 32340**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey (CCR#2018015145) for unlicensed activity was conducted at Trinity Community Living on 11/16/2018. At the time of the survey visit, no deficient practice was identified.