STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969490	**02/01/2019**
NAME OF PROVIDER OR SUPPLIER **TRINITY SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **12120 COUNTY RD 103** **OXFORD, FL 34484**	

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

0000 - Initial Comments

On February 1, 2019, an announced initial licensure survey in conjunction with initial Limited Nursing Services (LNS) survey was conducted at Trinity Springs Assisted Living Facility in Oxford, Florida. No deficient practice was identified at the time of the survey.