STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969449	**03/04/2019**
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 initial licensure survey with specialty license Limited Mental Health was conducted at Trinity Community Living for licensure for Assisted Living on 3/4/19. At the time of the survey there were no deficiencies identifed. Trinity Community Living will be recommended for an Assisted Living Facility license.