

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969017	(X3) DATE SURVEY COMPLETED 05/13/2019
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

A complaint (complaint number 2019003684 and 2019003413) survey was conducted at The Watermark at Trinity Assisted Living Facility on 05/13/19. The provider had no deficiencies at the time of the visit.