STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	R **11/15/2017**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT PALM BEACH COUNTY, FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **6026 OLD CONGRESS** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A desk review revisit to the monitoring inspection survey was conducted on 11/06/17 and 11/15/17 at Colonial Assisted Living At Palm Beach County, FL (License #10424). The facility had no deficiencies at the time of the survey.