STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	**10/31/2018**
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

An unannounced licensure complaint survey, CCR #2018011503, was conducted on 10/30/2018 - 10/31/2018 at Colonial Assisted Living at Palm Beach County, License #10424. The facility had no deficiencies at the time of the investigation.

A relicensure survey was conducted inconjunction with the licensure complaint survey. See separate report for findings.