STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	**01/03/2019**
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#2018015078 was conducted on 01/03/2019 at Colonial Assisted Living at Palm Beach County, License #10424. The facility had no deficiencies at the time of the survey.

This survey was conducted in conjunction with the licensure revisit survey on the same date. See separate report for findings.