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

An unannounced licensure complaint survey, CCR#2018015078 was conducted on the same date. See separate report for findings.