

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910386	(X3) DATE SURVEY COMPLETED 01/17/2018
NAME OF PROVIDER OR SUPPLIER COLONIAL ASSISTED LIVING AT WEST PALM BEACH FL	STREET ADDRESS, CITY, STATE, ZIP CODE 534 DATURA STREET WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

An unannounced complaint survey, CCR# 2017012803 & 2017012750 was conducted on January 16 - 17, 2018 at a , Colonial Assisted Living at West Palm Beach, License #7617. The facility had no deficiencies at the time of the visit.