STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968596	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT BOYNTON BEACH FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1708 NE 4TH STREET** **BOYNTON BEACH, FL 33435**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018002855 was conducted on 05/03/2018 through 5/15/2018 at Colonial Assisted Living at Boynton Beach, license #12470. The facility had no deficiencies at the time of the visit.