

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/09/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED 07/25/2018
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 #2018009264 & CCR #2018006326, conducted on 07/25/2018 at Colonial Assisted Living At Boynton Beach FL, License #12470. The facility had no deficiencies identified during the time of the survey.