STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968596	R **08/17/2018**
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

A revisit to licensure complaint survey, CCR #2018010025 & CCR #2018010191, was conducted on 08/17/2018 at Colonial Assisted Living At Boynton Beach Florida, License #12470. Previously cited deficiences were found corrected at the time of the revisit.