

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910722	(X3) DATE SURVEY COMPLETED R 08/13/2018
NAME OF PROVIDER OR SUPPLIER COLONIAL ASSISTED LIVING AT FORT LAUDERDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 NW 55TH AVENUE LAUDERHILL, FL 33313	

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

0000 - Initial Comments

An unannounced Change of Ownership relicensure revisit survey was conducted on 08/13/18 as a desk review for Colonial Assisted Living at Fort Lauderdale, license #7249. The facility corrected all outstanding deficiencies at the time of the survey.