STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910722	R **03/05/2019**
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 licensure complaint second revisit survey, CCR #2018001372, was conducted by desk review on 03/05/2019 for Colonial Assisted Living at Fort Lauderdale, License #7249. The facility corrected the outstanding deficiency at the time of the survey.