

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968596	(X3) DATE SURVEY COMPLETED R 04/22/2019
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 survey to complaint #2019001480 was conducted at Colonial Assisted Living At Boynton Beach on 04/22/19. Previously cited deficiencies were found corrected.