STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	R **04/25/2019**
NAME OF PROVIDER OR SUPPLIER **COLONIAL ASSISTED LIVING AT WEST PALM BEACH FL**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 DATURA STREET** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

A revisit to the Spot Check revisit was conducted at Colonial Assisted Living at West Palm Beach FL on 04/23/19 thru 04/25/19. Deficiencies were found to be corrected at the time of the survey.

The Revisit was conducted in conjunction with the Relicensure survey and licensure complaint #2019001383 on the same date. See separate report for findings.