

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968235	(X3) DATE SURVEY COMPLETED 07/22/2013
NAME OF PROVIDER OR SUPPLIER Sonata At Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 3260 N Harbor City Blvd Melbourne, FL 32935	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-07/22/2013

0090-Training - Do Not Resuscitate Orders-07/22/2013

Specific Tag Findings:

0000-Initial Comments

7/22/2013 An unannounced revisit was conducted. Sonata at Melbourne had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2013

Administrator
Sonata At Melbourne
3260 N Harbor City Blvd
Melbourne, FL 32935

RE: Revisit to LNS monitoring

Dear Administrator:

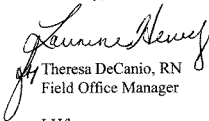
This letter reports the findings of a state licensure survey revisit conducted on July 22, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

