

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/05/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968448	(X3) DATE SURVEY COMPLETED 11/30/2016
NAME OF PROVIDER OR SUPPLIER SERENADES BY SONATA-WEST ORANGE	STREET ADDRESS, CITY, STATE, ZIP CODE 720 ROPER ROAD WINTER GARDEN, FL 34787	

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

0000 Initial Comments

A Complaint Investigation visit #2016010407 was conducted on 11/30/2016. Serenades by Sonata West Orange Assisted Living Facility (License #12328) had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 5, 2016

Administrator
Serenades By Sonata-West Orange
720 Roper Road
Winter Garden, FL 34787

RE: CCR #2016010407

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 30, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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