

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968157	(X3) DATE SURVEY COMPLETED 03/30/2017
NAME OF PROVIDER OR SUPPLIER SERENADES BY SONATA	STREET ADDRESS, CITY, STATE, ZIP CODE 425 S RONALD REAGAN BLVD LONGWOOD, FL 32750	

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

0000 - Initial Comments

A Limited Nursing Services (LNS) monitoring visit was conducted on March 30, 2017. Serenades by Sonata, license #12062, had no deficiencies at the time of the visit.