

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/15/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965386	(X3) DATE SURVEY COMPLETED 04/25/2017
NAME OF PROVIDER OR SUPPLIER SONATA BOYNTON BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017001106 , was conducted in conjunction with a change of ownership survey from 4/24/17 through 4/25/17 at Sonata Boynton Beach, License # 9745. The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.