

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965386	(X3) DATE SURVEY COMPLETED 05/22/2017
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#2017002166) was conducted at Sonata Boynton Beach(License# 9745) on 05/22/2017. There were no deficiencies found during time of the survey.