STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965386	R **06/02/2017**
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

A desk review revisit to the Change of Ownership (CHOW) survey was conducted on 06/01/2017 and 06/02/2017 for Sonata Boynton Beach Assisted Living Facility located in Boynton Beach FL, License # 9745 . The facility had no deficiencies at the time of the visit.