STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965386	**06/27/2017**
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 complaint survey for CCR# 2017003437 was conducted in conjunction with an initial Limited Nursing Services survey on 06/26/17 through 06/27/17 at Sonata Boynton Beach, an Assisted Living Facility (license #9745) in Boynton Beach, Florida. The facility had no deficiencies identified during the survey.