

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965386	(X3) DATE SURVEY COMPLETED 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 initial Limited Nursing Services survey was conducted 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.