STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	**10/03/2017**
NAME OF PROVIDER OR SUPPLIER **SONATA COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 WEST SAMPLE ROAD** **COCONUT CREEK, FL 33073**	

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

0000 - Initial Comments

An unannounced complaint (2017006132) investigation survey was conducted on 10/03/17 at Sonata Coconut Creek ALF, License # 9784. The facility had no deficiencies at the time of the visit.