

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965386	(X3) DATE SURVEY COMPLETED R 11/15/2017
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 desk review revisit was conducted for Sonata Boynton Beach, License #9745 on 11/14/2017 - 11/15/2017. All outstanding deficiencies were corrected.		