STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968157	R **11/30/2017**
NAME OF PROVIDER OR SUPPLIER **SERENADES BY SONATA**	STREET ADDRESS, CITY, STATE, ZIP CODE **425 S RONALD REAGAN BLVD** **LONGWOOD, FL 32750**	

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

0000 - Initial Comments

A revisit to the re-licensure survey including Limited Nursing Services (LNS) was conducted on 11/30/17. Serenades by Sonata Assisted Living Facility, License #12062, had no deficiencies at the time of the visit.