

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965413	(X3) DATE SURVEY COMPLETED 12/04/2017
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 survey, CCR#2017006637 was conducted on 12/04/2017, at Sonata Coconut Creek, License #9784. There were no deficiencies at the time of the survey.