

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965413	(X3) DATE SURVEY COMPLETED R 03/23/2018
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 revisit to complaint survey CCR#2017012287 was conducted on 03/23/18, at Sonata Coconut Creek, License #9784. Previously cited deficiencies were found corrected.