

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965413	(X3) DATE SURVEY COMPLETED 07/02/2018
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 licensure complaint survey, CCR# 2018002402, was conducted on 05/04/18 thru 05/09/18 and 06/12/18 thru 06/22/18 and 07/02/18 at Sonata Coconut Creek, License #7582. The facility had no deficiencies identified at the time of the survey.