

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/02/2018  
FORM APPROVED

|                                                                |                                                                                                 |                                                     |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968157</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>08/09/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENADES BY SONATA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>425 S RONALD REAGAN BLVD<br/>LONGWOOD, FL 32750</b> |                                                     |

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

**0000 - Initial Comments**

A Generator Survey was conducted on 8/9/2018 at Serenades by Sonata, 425 S. Reagan Blvd, Longwood 32750 (IC#12062). No deficiency was found at the time of the visit.