STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965386	**10/18/2018**
NAME OF PROVIDER OR SUPPLIER **SONATA BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 SOUTH CONGRESS AVENUE** **BOYNTON BEACH, FL 33426**	

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

0000 - Initial Comments

An unannounced Relicensure with Limited Nursing Services (LNS) survey was conducted on 10/17/2018 through 10/18/2018 at Sonata Boynton Beach, License #9745. The facility had no deficiencies at the time of the survey.