

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965413	(X3) DATE SURVEY COMPLETED 10/29/2018
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 Limited Nursing Services (LNS) monitoring survey was conducted on 10/29/2018 at Sonata Coconut Creek, license # 9784. The facility had no deficiencies identified at the time of the survey.