STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965677	R **06/10/2019**
NAME OF PROVIDER OR SUPPLIER **SONATA VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2425 20TH STREET** **VERO BEACH, FL 32960**	

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

0000 - Initial Comments

A revisit to a biennial relicensure survey was conducted at Sonata Vero Beach on 06/10/19. The previously cited deficiencies were found corrected at the time of the survey.