

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965569	(X3) DATE SURVEY COMPLETED 08/16/2017
NAME OF PROVIDER OR SUPPLIER SONATA BOCA RATON	STREET ADDRESS, CITY, STATE, ZIP CODE 9591 YAMATO ROAD BOCA RATON, FL 33434	

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

0000 - Initial Comments

An Initial Limited Nursing Service (LNS) survey was conducted on 08/16/17 at Sonata Boca Raton, License #9911. The facility had no deficiencies at the time of the visit.