STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969289	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **SONATA WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 ROPER RD** **WINTER GARDEN, FL 34787**	

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

0000 - Initial Comments

An initial licensure survey with Limited Nursing Services (LNS) was conducted on October 31, 2017.
Sonata west had no deficiencies at the time of the survey.