STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965516	**07/19/2017**
NAME OF PROVIDER OR SUPPLIER **SONATA DELRAY BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **8020 W. ATLANTIC AVENUE** **DELRAY BEACH, FL 33446**	

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

0000 - Initial Comments

An initial limited nursing services survey was conducted on 7/19/2017 at Sonata Delray Beach (License#9881). The facility had no deficiencies identified at the time of the survey.