STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965386	**12/12/2017**
NAME OF PROVIDER OR SUPPLIER **SONATA BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 SOUTH CONGRESS AVENUE** **BOYNTON BEACH, FL 33426**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on 12/12/17 at Sonata Boynton Beach, License # 9745 . The facility had no deficiencies at the time of the visit.