STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965516	**12/26/2017**
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 unannounced complaint survey, CCR# 2017010521 & CCR# 2017008243 was conducted on 12/07/2017, 12/08/2017 and 12/26/2017 at Sonata Delray Beach, License #9881. The facility had no deficiencies found at the time of the survey.