

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969289	(X3) DATE SURVEY COMPLETED R 12/10/2018
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

12/10/18 desk review conducted to LNS monitoring visit. Sonata West, license #13099, had no deficiencies at the time of the review.