STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968483	R **01/29/2019**
NAME OF PROVIDER OR SUPPLIER **SONATA VIERA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3325 BRESLAY DR** **MELBOURNE, FL 32940**	

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

0000 - Initial Comments

The revisit to complaint investigation # 2018013490 was conducted on 01/29/2019. Sonata Viera license# 12361 had no deficiencies at the time of the visit.