

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967736	(X3) DATE SURVEY COMPLETED 01/29/2014
NAME OF PROVIDER OR SUPPLIER Zion's Assisted Living Facility, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2029 Jupiter Blvd, Sw Palm Bay, FL 32908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-01/29/2014

0084-Training - Assis Self-Admin Meds & Med Mgmt-01/29/2014

Specific Tag Findings:

0000-Initial Comments

1/29/14 desk review completed to biennial relicensure survey conducted on 10/23/13. There were no deficiencies at the time of the desk review.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 30, 2014

Administrator
Zion's Assisted Living Facility, Inc
2029 Jupiter Blvd, Sw
Palm Bay, FL 32908

RE: Desk review to biennial relicensure w/LMH

Dear Administrator:

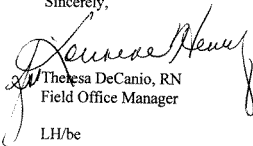
This letter reports the findings of a state licensure survey revisit conducted on January 29, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



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