STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	12/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Zion's Ii Assisted Living, Inc	256 Barbarossa Rd Nw Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-12/08/2014
0010-Admissions - Continued Residency-12/08/2014
0025-Resident Care - Supervision-12/08/2014
0030-Resident Care - Rights & Facility Procedures-12/08/2014
0032-Resident Care - Elopement Standards-12/08/2014
0052-Medication - Assistance With Self-Admin-12/08/2014
0053-Medication - Administration-12/08/2014
0056-Medication - Labeling And Orders-12/08/2014
0078-Staffing Standards - Staff-12/08/2014
0083-Training - First Aid And Cpr-12/08/2014

Specific Tag Findings:
0000-Initial Comments
The revisit to the Change of Ownership Survey was conducted on 12/8/14. Zion II Assisted Living Facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2014

Administrator
Zion's Ii Assisted Living, Inc
256 Barbarossa Rd Nw
Palm Bay, FL 32907

RE: Revisit to Change of Ownership (CHOW)

Dear Administrator:

This letter reports the findings of a state licensure CHOW survey revisit conducted on December 8, 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

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