

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967736	(X3) DATE SURVEY COMPLETED 12/22/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments A relicensure survey with Limited Mental Health was conducted on 12/22/15. Zion's Assisted Living Facility had no deficiencies at the time of the survey.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 29, 2015

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

RE: Relicensure survey with LMH

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 22, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

1GGN

