

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969028	(X3) DATE SURVEY COMPLETED 10/31/2016
NAME OF PROVIDER OR SUPPLIER ZON BEACHSIDE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1894 S PATRICK DR INDIAN HARBOR BEACH, FL 32937	

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

0000 Initial Comments

On 10/31/2016 a complaint investigation (#2016008941) was conducted at Zon Beachside LLC. There were no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 17, 2016

Administrator
Zon Beachside LLC
1894 S Patrick Dr
Indian Harbor Beach, FL 32937

RE: CCR #2016008941

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 31, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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