STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	**02/06/2017**
NAME OF PROVIDER OR SUPPLIER **ZION'S II ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1531 GARDENTON ST. NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 2/6/17. Zion's II Assisted Living had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 9, 2017

Administrator
Zion's Ii Assisted Living, Inc
1531 Gardenton St. Nw
Palm Bay, FL 32907

RE: Relicensure survey

Dear Administrator:

This letter reports findings of a Relicensure survey that was conducted on February 6, 2017 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 Theresa DeCanio at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:anc
Enclosure

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