STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967736	**12/05/2017**
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 re-licensure survey was conducted on 12/5/2017. Zion Assisted Living Facility, Inc. (license #11719) had no deficiencies at the time of the visit.