

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969028	(X3) DATE SURVEY COMPLETED R 01/02/2018
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

A revisit to an Extended Congregate Care (ECC) monitoring visit was conducted on January 2, 2018. Zon Beachside LLC, license #12873, had no deficiencies at the time of the revisit.