| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969028** | R<br>**08/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ZON BEACHSIDE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1894 S PATRICK DR**<br>**INDIAN HARBOR BEACH, FL 32937** | |

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

**0000 - Initial Comments**

A revisit to the re-licensure survey with Extended Congregate Care (ECC) was conducted on 8/02/2018. In addition, a second revisit to a monitoring ECC monitoring. Zon Beachside LLC Assisted Living Facility, License #12873 had no deficiencies at the time of the visit.