

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969028	(X3) DATE SURVEY COMPLETED R 08/02/2018
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 Second revisit to an Extended Congregate Care (ECC) monitoring was conducted on 8/02/2018. In addition to a revisit to the re-licensure, survey with ECC. Zon Beachside LLC Assisted Living Facility, license #12873 had no deficiencies at the time of the visit.

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ADMINISTRATION**

PRINTED: 08/13/2018
FORM APPROVED

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