

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967269	(X3) DATE SURVEY COMPLETED 01/31/2019
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

A re-licensure survey was conducted on 1/31/2019. Zion's II Assisted Living, Inc. (License #12969) had no deficiencies at the time of the visit.