

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969028	(X3) DATE SURVEY COMPLETED R 03/12/2019
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 3/12/2019. Zon Beachside LLC, Assisted Living Facility (License #12873) had no deficiencies at the time of the visit.