

|                                                                                                        |                                                                                                   |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11911143</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>09/26/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>John Knox Village Of Central F</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>101 Northlake Drive<br/>Orange City, FL 32763</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                   |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**Specific Tag Findings:**

0000-Initial Comments

An Extended Congregate Care monitoring visit was conducted on September 26, 2014. John Knox Village of Central Florida no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

September 29, 2014

Administrator  
John Knox Village of Central Florida  
101 Northlake Drive  
Orange City, FL 32763

Dear Administrator:

This letter reports findings of a state licensure Extended Congregate Care survey that was conducted on September 26, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QDP  
Health Facility Evaluator Supervisor  
Division of Health Quality Assurance

NH/JM/sm  
Enclosure

