

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911143	(X3) DATE SURVEY COMPLETED 11/30/2015
NAME OF PROVIDER OR SUPPLIER JOHN KNOX VILLAGE OF CENTRAL F	STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTHLAKE DRIVE ORANGE CITY, FL 32763	

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

0000 Initial Comments

An unannounced Extended Congregate Care monitoring visit was conducted at John Knox Village of Central Florida on November 30, 2015. John Knox Village of Central Florida had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 9, 2015

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 November 30, 2015 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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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