STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910692	**03/29/2017**
NAME OF PROVIDER OR SUPPLIER **JOHN KNOX VILLAGE OF FLORIDA,**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 LAKESIDE CIRCLE** **POMPANO BEACH, FL 33060**	

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

0000 - Initial Comments

A unannounced abbreviated survey was conducted on at John Knox Village of Florida, ALF (License# 5424). There was a deficiency at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to conduct and document at least two drills per year.

The Findings Included:

On at approximately 11:00AM the facilities Elopements Drills Log was reviewed. There were no Elopement Drills conducted for 2016. During an interview with the Administrator at this time, she acknowledged the findings and provided no further documentation.

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