| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911143** | **06/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**JOHN KNOX VILLAGE OF CENTRAL F** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**101 NORTHLAKE DRIVE**<br>**ORANGE CITY, FL 32763** | |

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

**0000 - Initial Comments**

On June 28, 2017, an Extended Congregate Care monitoring visit was conducted at John Knox Village of Central Florida (License # 5177) . No deficient practice was identified during the survey.