

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910692	(X3) DATE SURVEY COMPLETED 12/15/2017
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 Limited Nursing Service (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted on 12/15/17 at John Knox Village of Florida, an Assisted Living facility, License #5424. The facility had no deficiencies at the time of the visit.