

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911143	(X3) DATE SURVEY COMPLETED R 04/16/2018
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

A follow up survey was conducted on 4/16/2018 at John Knox Village Assisted Living Facility (License #5177). John Knox Village Assisted Living had no findings at the time of the survey.