STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910692	**06/08/2018**
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 06/08/18 at John Knox Village of Florida, an Assisted Living facility, License #5424. The facility had no deficiencies at the time of the visit.