

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/27/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911143	(X3) DATE SURVEY COMPLETED 12/19/2018
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 On 12/19/18 an ECC monitoring survey was conducted at John Knox Village of Central Florida. Deficiencies were not identified.		