STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910692	**01/28/2019**
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

An unannounced Limited Nursing Services and Extended Congregate Care monitoring survey was conducted on 01/28/2019 at John Knox Village of Florida, License # 5424. The facility had no deficiencies at the time of the visit.