STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910692	R **04/02/2019**
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 revisit to the Relicensure survey was conducted as a desk review on 04/02/2019 for John Knox Village of Florida, License #5424. The previously cited deficiencies were found corrected at the time of the survey.