STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911143	**04/11/2019**
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

An Extended Congregate Care and Emergency Power Plan monitoring visit was conducted at John Knox Village of Central Florida on April 11, 2019. The provider had no deficiencies at the time of the visit.