| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910033** | **03/16/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**JOHN KNOX VILLAGE OF TAMPA BAY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4100 E. FLETCHER AVENUE**<br>**TAMPA, FL 33613** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

Assisted Living Facility

John Knox Village of Tampa Bay, License #4110

An LNS Monitoring survey was conducted at John Knox Village of Tampa Bay on 3/16/17. There was no deficient practice. License #4110.