Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965038	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOBLE HOUSE SENIOR LIVING	6561 SAN JUAN AVENUE JACKSONVILLE, FL 32210

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint survey (complaint #2025013435, #2026001421 and #2026001578) was conducted at Noble House Senior Living on 3/17/2026. Deficiencies were identified at the time of survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, chest or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during	A 152		

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A 152	Continued From page 1 use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be threadbare. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record reviews the facility failed to prevent the presence of pests for the 92 residents on the 1st and 2nd floors of the North building. The findings include: At 10:14am on 3/17/2026, Resident #6's was interviewed and stated he had pests in his bed. Live pest activity was observed in the back left corner of the blue mattress. He also stated that he had flying insects in the room, especially in the bathroom. Flying insects were observed in the resident's room and bathroom. Photographic evidence obtained. At 12:04pm on 3/17/2026, Employee D, Housekeeper, confirmed one of her duties was to clean resident rooms. She stated a resident on the second floor complained a few days ago about having pests on the second floor, so she went to the room, washed the linens and cleaned the mattress, and put a regaular (non-plastic) cover back on the mattress. At 12:15pm on 3/17/2026, Resident #9's room was observed. The bed sheets were coming off which revealed the mattress. A motionless brown bug was observed on the corner of the mattress. Photographic evidence obtained. An interview was conducted at 12:25pm on	A 152		

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A 152	Continued From page 2 3/17/2026 with Employee C, a Medication Technician (Med Tech). She confirmed knowledge of live pests in the facility. A tour of Resident #6's room was conducted with Employee C. She confirmed that resident had bugs. She stated that the flying bugs come from the drain in the resident's bathroom. She stated she was told by the maintenance worker there was nothing that could be done because it was part of the facility's drainage system. An interview was conducted on 3/17/2026 at 2:14pm with the Executive Director (ED). She confirmed the presence of pest activity in the facility. She cited the facility's demographics as a possible culprit. She stated that the facility had made attempts to heat treat infested areas, but there was not documenattion to provide of these efforts. A follow-up interview was conducted on 3/17/2026 at 2:58pm with the ED. A state agency's inspection reports dated 12/3/2025 and 1/9/2026 were reviewed. These reports stated "...one of the only successful treatments seems to be heat. They will travel, through walls for example, so making the whole facility uninhabitable for them would be wise. The whole facility should be treated using high heat. Rooms and common areas should have their temperature increased to 120F to kill all bugs and eggs. The report went on to recommend laundering procedures, and "regular bed checks, plastic covers on linens, regular pest control, and a thorough check in process for new residents coming in with belongings" as additional measures to take. Photographic evidence obtained. The ED was then asked if the facility had	A 152		

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A 152	Continued From page 3 performed the services as reommended on the inspection reports. She again confirmed that they had not. She stated that the facility did not have the power source to heat treat the entire facility nor a space to relocate all of the residents during the treatment. She was asked if there were conducting routine bed checks and high temperature laundering of resident items. She stated that they have discarded and replaced mattresses, and laundered items, however, there was not any documentation i.e., purchase invoices, receipts etc. to support this. She stated that none of the rooms had been heat treated the last inspection on 2/18/2026. She was asked to provide documentation of the rooms/areas that were heat treated. She stated that they did not have any documentation of this. She was asked if there had been any staff education since the pests were identified. She stated that there had not been. CLASS III	A 152		