

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/28/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968314	(X3) DATE SURVEY COMPLETED 09/04/2015
NAME OF PROVIDER OR SUPPLIER NOBLE GARDENS OF JACKSONVILLE, FL	STREET ADDRESS, CITY, STATE, ZIP CODE 7024 WILEY RD JACKSONVILLE, FL 32210	

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

0000 Initial Comments

A monitoring visit was conducted at the facility on 9/4/15. Noble Gardens of Jacksonville had no deficiencies at the time of visit.

To: _____



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 28, 2015

Administrator
Noble Gardens of Jacksonville, LLC
7024 Wiley Road
Jacksonville, FL 32210

Dear Administrator:

This letter reports findings of a state licensure monitoring visit that was conducted on September 4, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/sm
Enclosure

1GGN

