STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965038	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **NOBLE HOUSE RETIREMENT OF JACKSONVILLE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6561 SAN JUAN AVE.** **JACKSONVILLE, FL 32210**	

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

0000 - Initial Comments

On December 14, 2017 a Limited Nursing Services survey was conducted at Noble House Retirement of Jacksonville (License #9587). Deficient practice was not identified during the survey.