

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965038	(X3) DATE SURVEY COMPLETED 05/04/2018
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 May 4, 2018 an unannounced capacity increase survey was conducted at Noble House Retirement of Jacksonville, LLC (License #9587). Deficient Practice was not identified during the survey.