STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965038	**07/30/2018**
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 July 30, 2018 an unnannounced biennial re-licensure survey with Limited Mental Health, Limited Nursing Services and Emergency Power Plan monitoring was conducted at Noble House Retirement of Jacksonville (Liicense #9587). Deficient Practice was not identified during the survey.