| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968314** | **09/24/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**NOBLE GARDENS OF JACKSONVILLE, FL** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7024 WILEY RD**<br>**JACKSONVILLE, FL 32210** | |

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

**0000 - Initial Comments**

On 09/24/2018, an emergency power plan monitoring survey was conducted at Noble Gardens of Jacksonville assisted living facility. Deficient practice was not identified during the survey.