

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965038	(X3) DATE SURVEY COMPLETED 01/15/2019
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 A complaint investigation CCR #2018016464 was conducted at Noble House Retirement on 1/15/2019. Deficiencies were identified.		