STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965038	R **04/11/2019**
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

The deficiency was corrected at the time of the desk review.