

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968840	(X3) DATE SURVEY COMPLETED R 04/10/2017
NAME OF PROVIDER OR SUPPLIER DIAMOND ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3339 HWY 17 GREEN COVE SPRINGS, FL 32043	

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

0000 Initial Comments

The deficiencies were corrected at the time of the desk review.