STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932563	R **06/05/2017**
NAME OF PROVIDER OR SUPPLIER **DIAMOND SPRING RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **7873 SUNDOWN DRIVE** **SAINT PETERSBURG, FL 33709**	

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

0000 - Initial Comments

Assisted Living Facility

A follow-up visit to the biennial survey was conducted at Diamond Spring Retirement Home (Lic. #8164) on 6/5/2017. Diamond Spring Retirement Home had no deficiencies at the time of the visit.