STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968840	R **01/11/2018**
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

An unannounced follow up to complaint survey (CCR #20170012490) was conducted on - at Diamond ALF, LLC (License #12748). Deficient practice was found at the time of the survey.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to ensure that a comprehensive emergency management plan (CEMP) was approved by the local emergency management board within 30 days after obtaining becoming a licensed provider.

The findings include:

Record review showed that the facility obtained its license to operate as an assisted living facility on .

On at 12:52 pm, an interview was conducted with Employee A. He was asked to provide a copy of their approved emergency management plan. He was unable to provide a copy and stated that he had submitted the plan on to the County, but they said it could take up to 60 days to get approval.

Record review of email dated from a representative of the Clay County Emergency Management Coordinator revealed that she acknowledge the receipt of the facility CEMP on 11/ .

During a follow-up call with Clay County Emergency Management on at 3:00 pm, it was verified that the facility's CEMP has not yet been approved.

Class III