STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968840	**02/21/2018**
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

A complaint investigation (CCR #2017014291 & CCR #2017014642) was conducted at Diamond ALF, LLC (License #12748) on . . . . . Diamond ALF, LLC had deficiencies at the time of the investigation.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review, the facility failed to keep medical records for 1 of 4 sampled residents, Resident #1, for 2 years following discharge.

The findings include:

On the facility's Admission/Discharge log was reviewed. Resident #1 was recorded as being admitted on . . . and discharged on . . . .

A record review of Resident #1's file, revealed the following information: Admission Information, Body Audit upon admission, AHCA 1823 form, Jacksonville Medication Review Report, Informed Consent to assistance with medication by unlicensed personnel, podiatry consent to treat patients, Elopement risk assessment, Resident Agreement, resident identification, and Monthly Invoice for , 2017.

An interview was conducted with Assistant Administrator on at 11:55 am. He was asked him if there was any additional medical records for Resident #1. He replied, "Let me see what I can find.."

An interviewed was conducted with Administrator on at 12:12 pm. He was asked again if there were any additional medical records for Resident #1. He replied, "I've talked with everyone and looked everywhere, but I have no idea where it is." When asked if he was aware the facility is required to retain resident records for 2 years following the departure of a resident from the facility, he resonded that he was aware.

Class III