STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968840	R **02/07/2018**
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

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