

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/09/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968840	(X3) DATE SURVEY COMPLETED 09/25/2018
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#2018009733) was conducted at Diamond ALF, LLC (License #12748) on 09/25/2018. Diamond ALF, LLC had no deficiencies at the time of the investigation.