STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967998	R **03/13/2019**
NAME OF PROVIDER OR SUPPLIER **DIVERSITY ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 N MYRTLE AVE** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted at Diversity Me on 03/13/2019. Diversity Me had no deficiencies at the time of the visit.