

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED 05/13/2014
NAME OF PROVIDER OR SUPPLIER Crystal Bay	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 Crystal Cove Lane Destin, FL 32541	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-05/13/2014

0000-Initial Comments

A revisit to Crystal Bay Assisted Living Facility was conducted 5/13/14 in conjunction with an abbreviated biennial licensure survey, Extended Congregate Care and Limited Nursing Service . Previously cited deficiencies were found to be corrected. At the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 20, 2014

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports the findings of a state licensure survey including extended congregate care, limited nursing services, and a revisit that was conducted on May 13, 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after June 20, 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

