

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED 07/10/2014
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)		

Specific Tag Findings:

0000-Initial Comments

On 7/10/14 an unannounced Extended Congregated Care Monitoring (in conjunction with the Revisit to the Biennial Survey on 5/13/14) was conducted at Crystal Bay Assisted Living Facility. At the time of the monitoring there were no deficiencies identified.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 17, 2014

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports findings of a state licensure (ECC monitoring) survey that was conducted on July 10, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


For Donah Heiberg, MSW
Field Office Manager

DH/dh

Enclosure

