STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	**07/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Crystal Bay	**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-07/10/2014
0050-Medication - Self Administered Medications-07/10/2014
0052-Medication - Assistance With Self-Admin-07/10/2014

Specific Tag Findings:

0000-Initial Comments

On 7/10/2014 an unannounced Revisit to the Biennial survey on 5/13/14 (in conjunction with an Extended Congregate Care Monitoring) was conducted at Crystal Bay Assisted Living Facility. At the time of the Revisit survey all deficiencies were corrected.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 17, 2014

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 10, 2014 by representative(s) of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

DT9D

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