RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	05/13/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Bienniel with ECC/LNS
An unannounced Biennial survey (with specialty license Extended Congregate Care and Limited Nursing Services) was conducted / - / , 2016 at Crystal Bay Brookdale Destin Assisted Living Facility. At the time of survey there were deficiencies identified.

0078 Staffing Standards - Staff

Based on record review and staff interview the facility failed to provide a written statement from a health care provider documenting that 3 of 3 sampled employees (a, b, and c) does not have any signs or symptoms of communicable and the facility failed to ensure that 3 of 3 sampled employees (a, b, and c) provided evidence of a negative examination on an annual basis.

The Findings are:

On / a record review was conducted of (3) sampled employees personnel files to find the following:
1. Sample employee A personnel file did not have a written statement from a health care provider not having any signs or symptoms of communicable . The personnel file also indicated the last negative examination was done on and read on .

2. Sample employee B personnel file did not have a written statement from a health care provider not having any signs or symptoms of communicable . The personnel file did not have any documentation for a negative examination.

3. Sample employee C personnel file did not have a written statement from a health care provider not having any signs or symptoms of communicable . The personnel file also indicated the last negative examination was done given on / / and read on .

On at approximately 10:30AM, an interview was conducted with the Executive Director who confirmed the missing documentation and stated that she would ensure that each employee would receive examinations.

E210 ECC - Training

Based on record review and staff interview the facility failed to ensure that 1 of 3 sampled employees (C)

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completed at least 2 hours of extended congregate care training.

The Findings are:

On a record review was conducted of Employee C personnel file to find no extended congregate care training within 6 months of beginning employment in the facility.

On at approximately 10:30AM, an interview was conducted with the Executive Director who confirmed that employee C had not received the training.