



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 2, 2012

Administrator
Crystal Gem Manor ALF
10845 West Gem Street
Crystal River, FL 34428

Re: CCR 2012006058

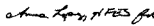
Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on September 14, 2012 by a representative of this office. Enclosed is the provider's copy of the Revisit Report, 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



10/2/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966445(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/14/2012

Name of Facility

Street Address, City, State, Zip Code

CRYSTAL GEM MANOR ALF

10845 WEST GEM STREET
CRYSTAL RIVER, FL 34428

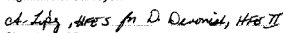
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030	Correction Completed 09/14/2012	ID Prefix A0152	Correction Completed 09/14/2012	ID Prefix	Correction Completed
Reg. # 58A-5.0182(6) FAC; 429.28		Reg. # 58A-5.023(3) FAC		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:
10/02/12
Date:

Signature of Surveyor:


Signature of Surveyor:
Date:
10/02/12
Date:Followup to Survey Completed on:
7/23/2012Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO