

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED 10/07/2013
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)		

0000-Initial Comments

An unannounced visit was made to Crystal Bay on 10/7/2013 for CCR# 2013008602. No deficient practice was found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 14, 2013

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Re: CCR #2013008602

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 7, 2013 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

8JKI

