

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED 01/03/2014
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)		

0000-Initial Comments

An Extended Congregate Care monitoring visit was done on 01/03/2014 at Crystal Bay, an assisted living facility. No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 10, 2014

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

RE: ECC MONITORING

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 3, 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,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

IGGN

