



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 25, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 18, 2014 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



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966445	(X3) DATE SURVEY COMPLETED 09/18/2014
NAME OF PROVIDER OR SUPPLIER Crystal Gem Manor Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 10845 West Gem Street Crystal River, FL 34428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-09/18/2014

0000-Initial Comments

An unannounced follow-up to a complaint, CCR # 2014006519, survey was conducted on September 18, 2014 at Crystal Gem Manor, an assisted living facility at Crystal River, FL. Previously cited deficiency was corrected.