



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 15, 2015

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

RE: ECC/ LNS Monitoring

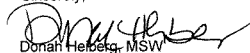
Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) 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 January 15, 2015.** 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED 08/31/2015
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

ECC/ LNS monitoring

An unannounced monitoring visit for Extended Congregate Care and Limited Nursing Services was conducted at Brookdale of Destin (formally Crystal Bay) on 8/31/15. Deficient practice was found at the time of the survey.

E210 ECC - Training

Based on staff interview and employee file review the facility failed to provide 1 of 4 employees (D) with 2 hours of Extended Congregate Care (ECC) training within 6 months of employment.

The findings are:

A review of Employee D's file indicated she was hired on 8/1/15. A further review of the file failed to reveal the two hour ECC training within 6 months of hire. An interview was conducted with the Administrator on 8/31/15 at about 1:50 pm who stated, "I cannot find the training for ECC in her file".

Class III