



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

January 8, 2016

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

RE: CCR #2015013124

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 5, 2016 by a representative of this office.

Enclosed 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 surveyor. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,



Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

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**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/08/2016  
FORM APPROVED

|                                                              |                                                                                                   |                                                     |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966445</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>01/05/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>CRYSTAL GEM MANOR ALF</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10845 WEST GEM STREET<br/>CRYSTAL RIVER, FL 34428</b> |                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

An unannounced complaint investigation (CCR#2015013124) was conducted on January 5, 2016 at Crystal Gem Manor, 10845 West Gem Street, Crystal River, FL. There were no deficiencies identified at the time of the visit.