



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 3, 2017

Administrator
Crystal Bay
2400 Crystal Cove Lane
Destin, FL 32541

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services and Extended Congregate Care monitoring survey that was conducted on December 20, 2016 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, M.S.W.
Field Office Manager

DH/kb
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/03/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED 12/20/2016
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

On December 20, 2016, a Limited Nursing Services and Extended Congregate Care monitoring visit was conducted at Crystal Bay (Brookdale), license number 7769. No deficient practice was identified at the time of this visit.