

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953460	(X3) DATE SURVEY COMPLETED R 05/12/2017
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

A desk review revisit survey for the previously conducted Extended Congregate Care and Limited Nursing Services monitoring visit was completed on May 12, 2017 for Crystal Bay Assisted Living Facility (license #7769). Based on an acceptable plan of correction and supporting documentation, deficiencies were found corrected.