STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	R **12/08/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On 12/7/17 an unannounced follow-up survey was conducted at the Crystal Gem Assisted Living Facility (License #10687). No deficient practice was found at the time of the survey.