

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966445	(X3) DATE SURVEY COMPLETED R 11/17/2017
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 December 15, 2017 a desk review was conducted on Crystal Gem Manor Assisted Living Facility (license #10687). Deficient practice was cleared.