STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966445	**10/06/2017**
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

A complaint investigation (CRC#2017010637) was conducted at Crystal Gem Manor (License #10687) on . . . . . . Crystal Gem Manor had a deficiency at the time of the investigation.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to ensure the facility emergency management plan was reviewed and approved on an annual basis.

Findings:

On , record review of the facility emergency management plan revealed the facility emergency management plan had most recently been reviewed and approved by the Citrus County Sheriff's Office Emergency Management Division and by the Fire Inspector Fire Rescue Division on . . . . . .

During interview on . . . . . at 9:17 AM, the facility Assistant Administrator stated the facility emergency management plan had not been resubmitted to the Citrus County Sheriff's Office Emergency Management Division and by the Fire Inspector Fire Rescue Division for annual review and approval as of the date of the complaint investigation survey.

Class III