STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953460	**02/27/2018**
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

An unannounced biennial standard survey with Limited Nursing Services and Extended Congregate Care was conducted on February 26-27, 2018 at Crystal Bay (license #7769). Deficiencies were found at the time of the survey.

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

Based on record review and staff interview, the facility failed to ensure an annual approval of its emergency management plan.

The findings included:

A copy of the facility's emergency management plan approval letter by the local emergency management office was requested upon entry into the facility.

An interview with the Executive Director was conducted on 2/26/2018 at 2:53 PM and revealed she was unable to locate the plan approval letter. Additionally, she stated she was unable to locate the prior year's approval letter from the approving agency.

Class III