

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966445	(X3) DATE SURVEY COMPLETED C 04/15/2019
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 (Complaint #2019000812) was conducted at Crystal Gem Manor Assisted Living Facility on April 15, 2019. The facility had no deficiencies at the time of the survey.