



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 31, 2014

Administrator
Crown Court
109 North Seminole Avenue
Inverness, FL 34450

RE: CCR #2014011458

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 16, 2014 by representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Katelyn J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966366	(X3) DATE SURVEY COMPLETED 12/16/2014
NAME OF PROVIDER OR SUPPLIER Crown Court	STREET ADDRESS, CITY, STATE, ZIP CODE 109 North Seminole Avenue Inverness, FL 34450	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Complaint Survey CCR #2014011458 was conducted at Crown Court Assisted Living Facility in Inverness, Florida on December 16, 2014. Licensure deficiencies were not identified as a result of the survey. The facility was in compliance with 58A-5, FAC and Chapter 429, Part I, FS for this survey only.