RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 13, 2015

Administrator
Crown Court
109 North Seminole Avenue
Inverness, FL 34450

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 7- 8, 2015 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966366	**01/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Crown Court	**109 North Seminole Avenue Inverness, FL 34450**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Biennial Licensure Survey was conducted 1/7/15-1/8/15 for this Assisted Living Facility located at 109 North Seminole Avenue, Inverness Fl. Deficient practice was not identified through the course of the 2 day survey. The facility was found in compliance with Florida Statutes 429, Part I, 408 Part II and Florida Administrative Code 58A-5.