STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966366	R **02/08/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On February 8, 2017, a follow-up survey was conducted at Crown Court Assisted Living Facility (facility license number 10580). The previously cited deficiencies were cleared as a result of this survey.