STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966366	**08/15/2017**
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 August 15, 2017 an unannounced complaint survey (CCR2017006430) was conducted at Crown Court Assisted Living Facility (License # 10580), Inverness, FL. No deficient practice was identified at the time of the survey.