

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966366	(X3) DATE SURVEY COMPLETED C 04/23/2018
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 May 25, 2018, a Complaint # 20118003442 was conducted at Crown Court Assisted Living Facility, License number 10580. No deficient practice was identified during survey.