STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966366	**01/04/2018**
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)

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to ensure 1 of 3 (Staff B) staff reviewed obtained a Level II Background rescreening.

Findings:

During an employee record review on at 1:15 p.m., Staff B was identified to have a hire date of . The Level II Background Screeing dated identified employee as Eligible.

During an interview with the administrative assistant on at 1:20 p.m., she confirmed Staff B did not have any further background screenings performed and would have to be rescreened.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966366	**01/04/2018**
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 [redacted], an unannounced complaint survey (CCR#2017014041) was conducted at Crown Court Assisted Living Facility (License #10580). Deficient practice was identified at the time of the survey.