STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966366	**11/14/2018**
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 November 13, 2018 through November 14, 2018, an unannounced biennial re-licensure survey was conducted at Crown Court Assisted Living Facility (License# 10580). No deficient practice was identified at the time of the survey.