

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/12/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966071	(X3) DATE SURVEY COMPLETED 06/11/2013
NAME OF PROVIDER OR SUPPLIER The Inn At Aston Gardens	STREET ADDRESS, CITY, STATE, ZIP CODE 9423 Aston Gardens Court Parkland, FL 33076	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR # 2013006134, was conducted on 06/11/2013. The Inn at Aston Gardens had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 13, 2013

Administrator
The Inn At Aston Gardens
9423 Aston Gardens Court
Parkland, FL 33076

RE: CCR #2013006134

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on June 11, 2013 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

