

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966071	(X3) DATE SURVEY COMPLETED 11/09/2017
NAME OF PROVIDER OR SUPPLIER INN AT ASTON GARDENS (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 9423 ASTON GARDENS COURT PARKLAND, FL 33076	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced relicensure survey was conducted on 11/08/2017 and 11/09/2017 at Inn at Aston Gardens (The) Assisted Living facility, License #10316. The facility had no deficiencies at the time of the visit.