| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966071** | **06/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**INN AT ASTON GARDENS (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9423 ASTON GARDENS COURT**<br>**PARKLAND, FL 33076** | |

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

**0000 - Initial Comments**

An unannounced complaint survey, CCR #2018004416 was conducted on 6/05/18 at Inn at Aston Gardens (The) ALF, License # 10316. The facility had no deficiencies at the time of the visit.