| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966071** | **05/07/2019** |
| 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 Operation Spot Check monitoring survey was conducted on 05/07/2019 at Inn at Aston Gardens (the). The Provider had no deficiencies identified at the time of the visit.