STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966071	**08/11/2017**
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 complaint survey (CCR#2017004927) was conducted on 08/11/2017 at the Inn at Aston Gardens (License#10316). There were no deficiencies at the time of the survey.