STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966328	**10/10/2017**
NAME OF PROVIDER OR SUPPLIER **INN AT ASTON GARDENS TAMPA BAY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **11741 LAKE ASTON COURT** **TAMPA, FL 33626**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on 10/10/17 at the Inn at Aston Gardens.

The Inn at Aston Gardens at Tampa Bay, Assisted Living Facility (License #10546), had no deficiencies at the time of this visit.