STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965858	R **11/14/2017**
NAME OF PROVIDER OR SUPPLIER **ASTON GARDENS AT PELICAN MARSH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4750 ASHTON GARDENS WAY** **NAPLES, FL 34109**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 11/14/17 at Aston Gardens At Pelican Marsh LLC, an assisted living facility (license #10175) in Naples, Florida.

This was a follow-up to the biennial survey completed on 10/10/17.

The previous deficiency was found corrected and no new deficiencies were identified.