STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965858	**01/08/2019**
NAME OF PROVIDER OR SUPPLIER **ASTON GARDENS AT PELICAN MARSH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4750 ASTON GARDENS WAY** **NAPLES, FL 34109**	

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

0000 - Initial Comments

An unannounced emergency power plan monitoring survey was conducted on 1/8/19 at Aston Gardens at Pelican Marsh, an assisted living facility (license #10175) in Naples, Florida.

No deficiencies were found at the time of the visit.