STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966071	**01/30/2019**
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 licensure complaint survey, CCR#2018017534, was conducted on 01/30/2019 at The Inn at Aston Gardens, License #10316. The facility had no deficiencies identified at the time of the survey.