

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345198	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE ASTON PARK HEALTH CARE CENTER 380 BREVARD ROAD ASHEVILLE, NC 28806	X3) DATE SURVEY COMPLETED 06/26/2017
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F 000 INITIAL COMMENTS

No deficiencies were cited as a result of this complaint investigation. Event ID # Y9B611.