Quick Report Entire Survey

CENTERS FOR MEDICARE & ME		DICAID SERVICES	Quick Report Entire Survey	
X1) PROVIDE	ER/SUPPLIER/CLIA	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE	(X3) DATE SURVEY	
IDENTIFICATION NUMBER: 345198		ASTON PARK HEALTH CARE CENTER	COMPLETED	
		380 BREVARD ROAD	06/26/2017	
	J7J1/U	ASHEVILLE, NC 28806		
		<u> </u>		
F 000	INITIAL COMMENTS			
	No deficiencies were cited a	s a result of this complaint investigation. Event ID # Y9B611.		

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