STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	12/02/2015
NAME OF PROVIDER OR SUPPLIER **VILLAS OF CASA CELESTE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9225 82ND AVENUE NORTH SEMINOLE, FL 33777**	

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

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation (CCR# 2015012326) was conducted at (The) Villas of Casa Celeste on / /. (The) Villas of Casa Celeste, Assisted Living Facility, had a deficiency at the time of the investigation.

0004 Licensure - Requirements

Based on observation, interview, and record review, the facility represented that it provided services that they were not licensed to provide.

Findings include:

An observation of the facility ' s website (www.thevillasofcasaceleste.com) was conducted on / /. The website contained a section entitled Inclusive Services and lists services such as three meals daily, social and recreational activities, and electric and basic cable television. This Inclusive Service section also lists the following:

- Rehabilitation- physical and occupational
- Home health services to provide additional skilled care within your home

During a survey conducted on /, an advertising brochure was obtained in the office. The left hand side of the brochure contained a section called Inclusive Services and also lists the following:

- Rehabilitation- physical and occupational
- Home health services to provide additional skilled care within your home

A review of the facility ' s license showed that it has a standard assisted living facility license and is not licensed to provide physical , occupational or home health care.

An interview with the administrator was conducted on at 1:15 PM. A discussion took place with the administrator concerning the observation that the facility was advertising inclusive services they were not licensed to provide, specifically, physical , occupational and home health services involving skilled care.

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SUMMARY STATEMENT OF DEFICIENCIES
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The administrator stated that the facility does not provide physical , occupational , and home health services. The administrator acknowledged that the Inclusive Services section on their website and brochure was inaccurate. She stated that it was the wrong verbiage and it should be taken out.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Villas of Casa Celeste (The)
9225 82nd Avenue North
Seminole, FL 33777

RE: CCR# 2015012326

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Teresa Ryan PNC
for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547