AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	**03/25/2016**
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

A Biennial survey was conducted at The Villas of Casa Celeste Assisted Living Facility on 3/24/2016 and 3/25/2016. The Villas of Casa Celeste Assisted Living Facility had no deficiencies at the time of visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2016

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

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on March 24 & 25, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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.

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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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