STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	R **12/13/2017**
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 desk review was conducted on 12/13/17 to the complaint investigation, (CCR# 2017008367), of 10/12/17. At the time of the desk review, it was determined that the previously cited deficiency had been corrected.

(Lic. # 6681)