

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963781	(X3) DATE SURVEY COMPLETED R 04/18/2018
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 revisit to complaint # 2017014606 was conducted in conjunction with a change of ownership survey on 4/18/18 at The Villas of Casa Celeste. The deficient practice previously cited on 2/23/18 was corrected during the revisit. License 6681		