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

On April 18, 2018, a change of ownership (CHOW) survey in conjunction with a revisit to 2/23/18 complaint survey (CCR#2017014606) was conducted at Villas of Casa Celeste assisted living facility. There was no deficient practice identified during the surveys.

(license# 6681)