STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969003	10/04/2016
NAME OF PROVIDER OR SUPPLIER **VOLTERRA AT SOLIVITA MARKETPLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4600 MARIGOLD AVE** **KISSIMMEE, FL 34758**	

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

0000 Initial Comments

On , 2016 an initial Limited Nursing Services (LNS) licensure survey in conjunction with an initial Extended Congregate Care (ECC) visit was conducted at Volterra at Solivita Marketplace Assisted Living, license #12834. Deficient practice was identified during the surveys.

0008 Admissions - Health Assessment

Based on record review and interview, the facility did not make sure that the health assessment form 1823 for 1 of 2 sampled residents (1) was accurate and addressed all the required information.
Findings:
On at 10:30 AM, observation revealed resident #1 being pushed in her wheelchair. She had a brace on her left hand. On / at 12:00 PM the wellness director identified her as receiving extended congregate care services for total assistance with her activities of daily living.
Review of her record revealed a health assessment report dated / that did not address the type of assistance she required for dressing, eating, , and transferring. Those portions of the assessment were blank.
In addition, the sections for ambulation, bathing, and toileting indicated she was independent in those areas.
On / at 12:30 PM, the wellness director said the resident could not ambulate, was in a wheelchair, and she required total assistance with bathing, dressing, , and toileting, and two-person assistance with transferring. She said the 1823 was incorrect. She said "she needs a new 1823."

Class III

Z815 Background Screening: Prohibited Offenses

Based on personnel record review and interview the facility failed to ensure 1 of 4 staff (A), whom was in a role that required a background screening (BGS) did not have any disqualifying offenses and was allowed work without a background screening.
Findings:
During an interview with staff A on / revealed she had work for another large corporation, moved out of state and returned to Florida when the position she has now became available.
Personnel record review revealed that staff A, was hired on / / and was a Registered Nurse.
Continued review revealed that a background screening result dated / that indicated she was eligible to work in an AHCA licensed facility. The review revealed an employment application dated / that listed her last place on employment at another assisted living facility from to

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and the reason for leaving that job was because she relocated to another state.
Review of the Agency's BGS website on / at 11 AM revealed that the BGS result available was the one dated .
In an interview on at 11:30 AM with staff A who said she was not aware she needed a new background screening.
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Volterra At Solivita Marketplace
4600 Marigold Ave
Kissimmee, FL 34758

RE: Initial ECC and LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies 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 deficiencies. Submit summary and documents to the Field Office no later than 21, 2016.** 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 deficiencies 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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