

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969003	(X3) DATE SURVEY COMPLETED 08/30/2017
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

A monitoring visit for Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted on 8/30/2017. Volterra at Solivita Market Place, license #12834 had no deficiencies found at the time of the visit.