STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969279	**11/22/2017**
NAME OF PROVIDER OR SUPPLIER **VOLTERRA AT CHAMPIONSGATE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8400 CHAMPIONSGATE BLVD** **CHAMPIONS GATE, FL 33896**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted at Volterra at Championgate on 11/22/2017. Volterra at Championgate, Assisted Living Facility, had no deficient practice identified at the time of survey.