

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/08/2025
NAME OF PROVIDER OR SUPPLIER KIVA OF PALATKA		STREET ADDRESS, CITY, STATE, ZIP CODE 201 ZEAGLER DRIVE PALATKA, FL 32177			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced complaint investigation (complaint number 2025014758) was conducted at Kiva of Palatka on Deficiencies were identified at the time of the survey.	A 000			
A 165	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or	A 165			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 165	Continued From page 1 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to	A 165		

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A 165	Continued From page 2 disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit a preliminary adverse incident report to the Agency for Health Care Administration and failed to report to the Department of Children and Families an incident reported to law enforcement involving resident to resident for 1 of 1 incidents reviewed. Findings include: Review of Resident #2's record revealed he was admitted to the facility on _____ with a diagnosis of _____. On _____ at 9:08 AM, during an interview with the Administrator in Training (AIT) she stated, "I spoke to [Agency for Health Care Administration supervisor's name] on _____"	A 165		

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A 165	Continued From page 3 regarding an SA [assault] incident that occurred with two of our residents [Resident #2 name] and [Resident #1's name]. [Resident #2's name] is no longer here. The same day I called the police, and [Resident #2's name] was taken to jail for assault. He was unable to return here. I tried to submit an adverse incident report but was unable to. I was on the phone with [Agency for Health Care Administration supervisor's name] for about 15 minutes, he tried to walk me through it, but I couldn't login. Mr. [Administrator name] was supposed to get it submitted but he hasn't done it. Yes, I am aware of the timeframe's for submitting the report." Review of facility records conducted on revealed no adverse incident reported in the last 3 months. On at 9:08 AM, during an interview with the Administrator in Training she stated, "No, I did not notify DCF [Department of Children and Families]. I went to try and do an online report, but it wanted me to do it anonymously, so I was kind of stuck with that. I didn't want to bother [Agency for Health Care Administration supervisor's name] about that, he had already spent like 20 minutes on the phone trying to help me. I only reported it to Law enforcement and verbally to AHCA [Agency For Health Care Administration]." An attempt to contact the Administrator by telephone was unsuccessful. Review of facility policy titled, " Policy." (not dated) revealed it read, "Any person who knows or has reasonable cause to suspect must report it to Administrator or Assistant Administrator immediately. Any signs of	A 165		

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A 165	Continued From page 4 will be reported to the hotline, DCF and law enforcement, POA, Guardian or Family. A full investigation will be completed. Employee and or employees will be taken off schedule until investigation is completed." Class III	A 165			