RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 7, 2015

Administrator
Kiva of Palatka
201 Zeagler Drive
Palatka, FL 32177

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 30, 2014 by representative(s) of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	**12/30/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kiva Of Palatka	**201 Zeagler Drive Palatka, FL 32177**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Extended Congregate Care Service monitoring survey was conducted at Kiva of Palatka ALF. No Licensure deficiencies were identified as a result of the survey. The facility was in compliance with 58A-5, FAC and Chapter 429, Part I, FS.