RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Kiva of Palatka
201 Zeagler Drive
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2-3, 2016 by representative(s) of this office.

Enclosed 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 , 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 this office at (386) 462-6201.

Sincerely,

Charles Bourgeois for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
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Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	05/03/2016
NAME OF PROVIDER OR SUPPLIER **KIVA OF PALATKA**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 ZEAGLER DRIVE** **PALATKA, FL 32177**	

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

0000 Initial Comments

On through , a biennial with extended congregate care (ECC) re-licensure survey was conducted at Kiva of Palatka. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain complete and accurate Resident Health Assessments for 2 (Resident #1 and Resident #13) of 2 resident records reviewed.

Findings:

1.) A review of the medical record for Resident #1 revealed a Resident Health Assessment (AHCA Form 1823) dated with omitted information. The review revealed on Page 2, Section 1 A, Activities of Daily Living, Resident #1 required supervision for Bathing but there was not an explanation of the extent of supervision the resident required.

An interview was conducted with the Administrator on at 11:28 AM. She confirmed the Resident Health Assessment had omitted information, specifically the extent of supervision needed for Activities of Daily Living, for Resident #1.

2.) A review of the medical record for Resident #13 revealed a Resident Health Assessment (AHCA Form 1823) dated with omitted information. The review revealed on Page 2, Section 1 A, Activities of Daily Living, Resident #13 required assistance for Ambulation, Bathing, Dressing, Eating, Self-care, Toileting and Transferring, but there was not an explanation of the extent of assistance the resident required.

An interview was conducted with the Administrator on at 11:28 AM. She confirmed the Resident Health Assessment had omitted information, specifically the extent of assistance needed for Activities of Daily Living, for Resident #13.

Class III

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to obtain an Interdisciplinary Plan of Care specifying the services being provided by Hospice and the facility for 1 of 2 resident (Resident #13) records reviewed.

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Findings:

A review of the medical record for Resident #13 revealed an admission date to Hospice services on . Further review of the medical record revealed there was no Interdisciplinary Plan of Care specifying the services provided by Hospice and the services provided by the facility.

An interview was conducted with the Manager on at 11:00 AM. She confirmed there was no Interdisciplinary Plan of Care in the medical record for Resident #13.

An interview was conducted with the Administrator on at 11:25 AM. She stated the Interdisciplinary Plan of Care should have been in Resident #13's Hospice medical record.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and policy and procedure review, the facility failed to prevent the possible spread of by not conducting hand washing by 2 of 2 staff (Staff A and Staff D) observed providing personal care to one of the residents (Resident #6).

Findings:

An observation on starting at 11:06 AM of hygiene care for Resident #6 by Staff D, Resident Care Aide (RCA) and Staff A, RCA, showed the staff had on gloves when this surveyor entered the . Staff A pulled down the resident's brief. Staff D cleansed the resident, who had a bowel movement, from the front to back, and changed the site of the wash cloth after each cleansing motion. Staff D took a clean cloth, and after applying water from the basin, completed the needed cleansing. The resident's brief was removed and placed in the waste basket. The staff did not remove their gloves or wash their hands. The staff then pulled the resident up in the bed with the use of a draw sheet, her heels were floated on pillows, and covers were applied. Staff D took the wash basin and rinsed it in the resident's , as Staff A removed the waste basket liner from the can, and exited the , without removing her gloves or washing her hands. Staff A took the waste basket liner to the side door of the common living area toward the front of the facility, pushed open the door with her arm, removed her gloves, placed the waste can liner, and gloves in a garbage can, entered the facility, and walked

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toward the other side of the facility. Staff D placed the wash basin and used wash clothes into a plastic waste can liner, removed her gloves and placed them in the same bag, and exited the . Staff D did not wash her hands. Staff D took the used items to the front of the facility, put a code into the key , opened the door with her left hand, placed the used items in a garbage can, and entered the facility. Staff D was then observed to start walking up the hallway and did not wash her hands.

During an interview on at 11:14 AM with Staff D, she stated, "I haven't washed my hands yet. I usually will go around on the other side and wash my hands. I was just nervous. I should have washed my hands before I left the ."

During an interview on at 11:16 AM with Staff A, she stated, "I should have washed my hands before I came out of the . I know that. I was just nervous and wanted to do everything right. After I threw away the items in the trash I went around the other side of the building and I washed my hands."

Record review of the Policy and Procedures titled, "Handwashing," showed Perform hand hygiene: b. After contact with , body fluids, or excretions, , non-intact skin, or dressing c. After contact with a resident's intact skin (e.g., when taking a pulse or or lifting a resident. f. After removing gloves.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, interview and policy and procedure review, the facility failed to ensure that medications were prepared in the presence of the resident and the medication labels were read to the resident while assistance with self administration of medications was being provided for 1 of 3 residents observed (Resident #5).

Findings:

During an observation on at 3:01 PM of Staff C, Medication Technician (MT) showed the MT compared the medication observation record (MOR) to the medications and pushed the medications out of the packs into a medication cup after each verification. The MT took the medications to

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Resident #5 and stated, "Here are your medications." The MT did not prepare the medications in the presence of the resident and did not read the medication labels to the resident.

During an interview conducted on at 3:04 PM with Staff C, she stated, "I received my MT training about two weeks ago. I know they stressed that we are not to touch the pills, and that we can't take the medication cup and put it up to the resident's mouth. I didn't state the medications and I should have. I don't remember anything in the training about taking the medications to the resident and stating them before removing them from the packet."

During an interview on at 3:06 PM with Staff D, Manager, she stated the medications are to be taken to the resident with the MOR and they are to be stated to the resident before they are removed from the packets. This gives the resident the opportunity to refuse the medication before it is removed since we wouldn't know which mediation is which.

Record review of the Policy and Procedure titled, "Assistance with Self-Administered Medications" showed Spring, 2002 ED, C. Providing Assistance with Medication - 1. Assistance with self-administration of medication includes the following: Taking a properly dispensed and labeled medication from where it is stored and bringing it to the resident; In the presence of the resident reading the label, opening the container and removing the prescribed amount of medication; Closing the container; Placing an oral dosage (generally pills) in the resident's hand; or placing the oral dosage in another container, such as a small cup, and helping the resident by lifting the container to the resident's mouth; Returning the medication container to the storage area, and storing the medication properly; and Documenting the Assistance on the MOR.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to post the current menu approved by a Registered Dietician.

Findings:

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On at 10:00 AM, during the initial tour of the facility the menu was observed posted in the dining the bulletin board. The menu was signed by a Register Dietitian and dated 2015. The menu posted was on top of the other menus on the bulletin board. The menu visible was labeled Week 2 and it was ripped next to the column entitled Friday, and it was noted that the Saturday and Sunday columns were missing.

An interview was conducted with the Cook on at 11:30 AM. She stated the facility was currently using Week 1 of the menu cycle.

An interview was conducted with the Manager on at 11:35 AM. She confirmed the posted menu was dated , 2015. She stated it was her responsibility to post the new menus.

Class III