STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	03/02/2017
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 , 2017 through , 2017, a Change of Ownership licensure survey with Extended Congregate Care (ECC) was conducted at Kiva Of Palatka (facility license number 827). During the survey deficient practice was identified.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have a annual negative ( ) examination for 2 of 3 staff (Staff A and C).

Findings:

On , a record review was conducted on Staff A and C. Staff A had a questionnaire only, dated from the Florida Department of Health (DOH) and signed by a registered nurse. Staff C had a questionnaire only, dated from the Florida Department of Health (DOH) signed by a registered nurse. There was no documentation showing a shortage of testing material from DOH.

On at 10:30 AM, an interview was conducted with the facility manger in reference to the questionnaires for Staff A and B. She stated she did not know the questionnaire was not in compliance with the requirement, and she would have staff get the test done immediately.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to have documentation showing 1 of 3 staff (Staff A) had 4 hours of assistance with self-administration of medication training.

Findings:

On , a record review was conducted on Staff A's training documentation. It was observed Staff A had Medication Administration Assistance Training, but not Assistance with Self-Administration of Medication Training.

On at approximately 11:05 AM, an interview was conducted with Staff A in reference to her medication training. She stated she received her medication training at the Brown Group Home, which is an Agency of Persons with Home.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0090 - Training - - 58A-5.0191(11) FAC

Baaed on record review and interview, the facility failed to have ( ) training documentation for 1 of 3 staff (Staff C).

Findings:

On , a record review was conducted on Staff C. During the review the facility manager could not find training documentation for Staff C.

On at approximately 10:30 AM, the facility's manager stated she did not know if staff C had training or not.

Class III