| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911095** | R<br>**03/29/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**KIVA OF PALATKA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**201 ZEAGLER DRIVE**<br>**PALATKA, FL 32177** | |

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

**0000 - Initial Comments**

A desk review was conducted on 3/29/2017 as follow-up to Change of Ownership (CHOW) Survey with Extended Congregate Care (ECC) for Kiva of Palatka (facility license number 827). The previously cited deficiencies were cleared as a result of the desk review.