

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911095	(X3) DATE SURVEY COMPLETED 09/28/2017
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 09/28/2017 an unannounced complaint survey (CCR2017009821) was conducted at Kiva of Palatka (License #827), Palatka, FL. No deficient practice was identified at the time of the survey.