

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911095	(X3) DATE SURVEY COMPLETED 03/07/2018
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 03/07/2018, an Extended Congregate Care monitoring survey was conducted at Kiva of Palatka (Licence #827). Deficient practice was identified at the time of the visit. E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC Based on record review and interview, the facility failed to provide staff or contract for a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care (ECC) residents. Findings: In a record review on 03/07/2018 at 9:25 a.m. of the facility's extended congregate care log, a letter of resignation was noted from a nurse providing services to the facility for the ECC residents including nursing services, development of service plans and monthly nursing assessments. In an interview with the supervisor on 03/07/2018 at 9:30 AM, she stated there is not a nurse contracted or on staff at the facility at this time. The supervisor stated the past nurse resigned in 02/2018, and they have not replaced her. In an interview with administrator on 03/07/2018 at 10:50 AM, he confirmed there was not a nurse on staff or in contract with the facility to provide nursing services, participate in the development of resident service plans and perform monthly nursing assessments for extended congregate care residents. He stated the previous nurse resigned in 02/2018, and had yet to be replaced. Class		