STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	R **06/11/2018**
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 [redacted], 2018 a follow-up survey was conducted at Kiva of Palatka Assisted Living Facility (license#827). No deficient practice was identified.

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC