STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	R 10/23/2018
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 . . . . . , 2018 and . . . . . , 2018, an unannounced follow up to biennial re-licensure and Extended Congregate Care monitoring survey was conducted at Kiva of Palatka Assisted living Facility (License #827), Palatka, Florida. Deficient practice was identified at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to notify the agency of the change of administrator within 10 days and provide the documentation.

Findings:

On at 10:13 AM, an interview was conducted with the administrator via telephone. The administrator stated he completed the change of administrator form on . . . . . and forwarded it to AHCA but had not received a response. The administrator stated he would contact AHCA and ensure that the change of administrator form was sent to AHCA, Tallahassee today. He stated he was . . . . . and thought by providing surveyor a copy of the change of administrator form on was all he needed to do.

On . . . . . at 10:47 AM, an interview was conducted via telephone with the Agency for Health Care Administration's ALF Licensure Unit, which revealed no change of administrator form was received from the facility to date.

On . . . . . at 10:30 AM, a review of Florida Health Finder website indicated that the former administrator was listed as the facility administrator.

Class III