STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	**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 . . . . . , an unannounced biennial re-licensure survey in conjunction with Extended Congregate Care monitoring survey was conducted at Kiva of Palatka Assisted Living Facility (License #827), Palatka, Florida. Deficient practices were identified at time of this survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, the facility failed to have unlicensed staff A provide assistance with self-administration of medication to 2 of 5 residents reviewed (resident #10 and # 11).

Findings:

On at 12:01 PM, a medication review was conducted with unlicensed staff A, who was observed providing assistance with self-administration of medication to residents #10 and # 11. Staff A stated to residents #10 and #11 "Here is your medicine" and handed resident #10 and # 11 a cup of medication. Staff A did not read the label of the medication packet in the presence of the residents.

On . . . . . at 12:02 PM, during a interview with staff A, she stated she did not realize that she needed to read the medication packet in the presence of the resident.

On at 12:08 PM, an interview was conducted with residents #10 and # 11, who reported that they did not know what medication they took and that staff A did not explain their medication.

Class III

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 documentation.

Findings:

On . . . . . at 11:30 AM, a review of the Florida Health Finder website indicated staff D as the administrator. A review of AHCA background screening clearinghouse website indicated staff D as the administrator.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11:45 AM, an interview was conducted with the operations manager, who stated both staff D and staff E are the administrators and staff E is staff D's son.

On at 12:00 PM, an interview was conducted with staff E, who stated: "Staff D is my father and he is an administrator, but he is only a principal owner. He was the original administrator when we took over the building in , of 2016, but I took over as administrator about a year ago." When asked if he was aware that when there was a change in administrator, an application was to be submitted within 10 days of the change. He stated" "I thought I did that. I remember sitting at the computer with the operations manager. There should be documentation of that."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of updated negative ( ) examination for 1 of 3 staff members reviewed (Staff A).

Findings:

On , a record review was conducted for staff A (date of hire:), whose last screening date was .

On at 1:50 PM, an interview was conducted with the operations manager, who confirmed that the examination was required to be updated annually for the employees who were in direct contact with residents. She confirmed that staff A examination was expired.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on interview, record review, and observation, , the facility failed to have food items substituted with items of comparable nutritional value.

Findings:

On at 10:10 AM, during an interview with resident #1, she stated not liking the facility meals. She stated: "They give you whatever."

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

On , a record review of the posted menus for lunch on indicated that the food items included meatloaf, whipped potatoes, green beans, cole slaw, bread/roll, margarine/butter and pudding.

On at 12:15 PM, an observation of the lunch served to the residents indicated that substituted lunch included baked chicken , rice with gravy, broccoli and ice cream. No substituted food item for bread/roll, margarine/butter and cole slaw was observed.

On at 12:24 PM, during an interview with the cook, she stated she had to substitute the lunch items. She also confirmed that there was no substitute for bread/rolls, margarine/butter and cole slaw. The cook was unable to provide the facility substitution log.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide an updated Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

Finding:

On at 2:35 PM, Comprehensive Emergency Management Plan (CEMP) of the facility was reviewed. The most current CEMP approved by Division of Emergency Management of Marion County Sheriff's Office dated , .

On at 2:40 PM, during an interview with the operation manager, she confirmed not having an updated CEMP.

Class III