STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	R **12/04/2018**
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 December 4, 2018, an unannounced second follow-up to biennial re-licensure and Extended Congregate Care monitoring survey was conducted by desk review for Kiva of Palatka Assisted living Facility (License #827), Palatka, Florida. Deficient practice was cleared at the time of the survey.