RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Kiva of Palatka
201 Zeagler Drive
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after , **2015** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911095	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
KIVA OF PALATKA	**201 ZEAGLER DRIVE PALATKA, FL 32177**	

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

0000 - Initial Comm

On 06/01/2015, an unannounced ECC Monitoring survey was conducted at Kiva of Palatka an assisted living facility in Palatka, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record reviews and interviews the facility failed to ensure 1 of 3 direct care staff reviewed received a background screening every five years (staff B).

Findings:

On a record review was completed on 3 direct care staff members for training, background screening and job descriptions. It was observed that Staff B received her last background screening on and was out of compliance as of this date.

On at approximately 10:15 AM an interview was conducted with the facility manager in reference to staff B expired background screening. She stated she was scheduled to go get her background renewal this month. She said she will take her off the schedule until she has gotten it.