STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105805	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Radiant Nursing and Rehab at Palatka	501 S Palm Ave Palatka, FL 32177

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on interview and record review the facility failed to implement corrective actions to preserve 1 resident's, Resident #1, of 3 residents reviewed, dignity following an incident during which the resident expressed dissatisfaction following an interaction with a facility staff member. Findings include: Review of investigative files revealed a federal report that read Resident [Resident #1] reported to UM [Unit Manager] while visibly upset that she had a horrible night and that she was told by CNA [Certified Nursing Assistant] to void in her brief. Review of the facility document titled 1:1 Counseling/Education, dated 4/16/2026, revealed Staff A, Certified Nursing Assistant, had been identified as the aide that had upset Resident #1 and documented a Corrective/Monitoring Plan that included CNA [Certified Nursing Assistant] will be placed on heightened observation for 60 days Supervisory rounds will be conducted routinely Random observation audits will be implemented to monitor compliance Continued adherence to policies will be evaluated throughout the monitoring period Review of facility investigative files and Staff A's personnel records failed to reveal documentation the facility had implemented the corrective/monitoring plan. During an interview on 5/20/2026 at 11:58 AM, the Director of Nursing stated she periodically checked in with Staff A to see if she has any issues. The Director of Nursing reported she did not have documentation of random audits or monthly supervisor rounds as specified in Staff A's corrective/monitoring plan.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE