Agency for Health Care Administration

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11966285 | A. BUILDING: _____ B. WING _____ | 03/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KEVAL EXQUISITE CARE, LLC | 2631 NW 107TH AVENUE CORAL SPRINGS, FL 33065 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| A 000 | Initial Comments<br><br>An unannounced Relicensure and Generator Monitoring survey was conducted on at Keval Exquisite Care, LLC. The facility had deficiencies related to the Relicensure at the time of the survey. | A 000 | | |
| A 031 | 59A-36.007(6) FAC Resident Care - Third Party Services<br><br>(6) THIRD PARTY SERVICES.<br>(a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided.<br>(b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs.<br>(c) The administrator or designee must ensure that:<br>1. Care coordination includes documented communications about the resident's condition | A 031 | | |

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| A 031 | Continued From page 1<br><br>and response to treatment or services ordered by the physician which rnay impact the resident's appropriateness for continued residency in the facility;<br>2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and<br>3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition.<br>4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3.<br>(d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, records review, and interviews, the facility failed to coordinate and montior the care of 1 of 3 sampled residents | A 031 | | |

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| A 031 | Continued From page 2<br><br>(Resident #1) to prevent development of , . The facility failed to ensure that the resident medical records was updated to reflect Resident #1's current physical status.<br><br>The findings included:<br><br>On , at 9:05 AM, Resident #1 was observed in bed lying in a supine position with his upper and lower extremities severely . Resident #1 had a bandage covering a on the interior surface of his right . Resident #1's bed had an air mattress to relieve pressure and the bed was positioned in a semi-erect position accommodating Resident #1's posture.<br><br>Resident #1 sheet documented he moved to the facility on ,and he was diagnosed with: Degenerative of the nervous system; ; ; and , , , as per his Resident Health Assessment (AHCA form 1823). Resident #1's 1823 dated documented that Resident #1 required assistance for ambulation and transferring. Resident #1 needed total assistance for all other activities of daily living. However, it was evident that Resident cannot transfer nor ambulate even with assistance.<br><br>An interview with Staff A, a Registered Nurse (RN), on at 11:29 A.M., revealed that Resident #1 has been bedbound ever since he moved to the facility and. Staff A said that Resident #1 has been receiving hospice services since his admission to the facility. Resident #1 is non-ambulatory and totally dependent upon staff for all activities of daily living (ADL). Staff A also said that Resident #1 had two being cared for by the care , , from | A 031 | | |

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| A 031 | Continued From page 3<br><br>hospice.<br><br>Review of the hospice care progress notes dated documented a healing located on Resident #1's right , and measuring 1.2 cm x 1.0 cm x 0.3 cm (labeled ), with an onset date of . Also, there was documentation of a left pressure that was improving and an on the right cheek of Resident #1's . The located on the right backside of the right currently measured 1.0 cm x 1.0 cm x 0.1 cm (Labeled ). Further review of the hospice progress notes dated documented that Resident #1 developed two recent . One of the was "an old " located on the , of Resident #1's that burst given off "a thick drainage" and a new , on the right blade ( ) and one on the anterior of the right ( ). Furthermore, it was documented that Resident #1's health has been progressively declining. The physician's notes were requested on , but they were not readily available. On , it was documented that Resident #1 was determined to be "imminent due to gradual loss". There was no evidence provided that proved the facility had implemented any interventions to reduce the development of Resident #1's .<br><br>During the exit meeting on at 3:00 PM, the Supervisor Staff A, provided no additional information. Staff A said that they will discuss the findings with the Resident's Physician to ensure that more aggressive therapeutic interventions are put in place for Resident #1.<br><br>Class III | A 031 | | |