STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966929	09/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Keval Exquisite Care #2	323 Nw 45th Avenue Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility abbreviated survey was conducted on . Keval Exquisite Care #2, had licensure deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interviews, it was determined that the facility failed to ensure that unlicensed staff that provide assistance with medication(s) follow the correct medication procedures, for 1 out of 1 sampled residents observed.

The findings include:

Observation of the medication pass conducted on at 9:00 AM, revealed Staff A was observed in the kitchen preparing medications for Resident #2. At 9:05 AM staff was observed to place medications in souffle cup for the resident on the dining table who was not yet at the table or in the kitchen. Upon his arrival in the kitchen at 9:19 AM, Staff A was observed to hand the souffle cup with the pills to Resident #2 and told him to take his pills. The resident was heard to respond "you want me to take these pills?" The staff informed him " yes " and observed the resident to take the medications. The staff was not observed to read the medication labels to the resident prior to assisting him with self administration of medications.

An interview with Staff A on at 9:25 AM, confirmed the findings which were later discussed with the Administrator and Nurse Consultant at 10:20 AM.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to ensure the Medication Observation Records (MOR) were accurately updated, for 1 out of 1 sampled residents (Resident #2).

The findings include:

Observation of the medication pass on at 9:05 AM, revealed Staff A observed in the kitchen pre-pouring medications for Resident #2 into a soufflé cup. The staff was observed to then update the Medication Observation Record indicating that the resident had received his medications. The staff was then observed to place the medication on a plate and await the arrival of Resident #2 in the kitchen, who arrived at 9:19 AM.

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An interview conducted with Staff A confirmed the findings at 9:28 AM and were later discussed with the Administrator and Nurse Consultant at 10:01 AM.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Keval Exquisite Care #2
323 NW 45th Avenue
Deerfield Beach, FL 33442

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Attached 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. Staff from this office will conduct a review after **2013** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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