STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966285	05/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Keval Exquisite Care, LLC	2631 NW 107th Avenue Coral Springs, FL 33065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated Relicensure survey was conducted on [redacted] at Keval Exquisite Care, LLC. The facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff B and C) had freedom from communicable [redacted] 30 days after employment and freedom from [redacted] documented on an annual basis.

The findings Include:

Personnel files were reviewed on [redacted]. The following was revealed:

Employee B, with a hire date of [redacted], and Employee C, with a hire date of [redacted], did not have a written statement from a healthcare provider indicating they did not have a communicable [redacted], within 30 days after beginning employment.

Further review indicated Staff B and C did not have evidence of an annual [redacted] test completed.

The Administrator acknowledged the findings on [redacted] at 2:00 PM.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing period for a given time period.

The findings Include:

During a facility tour conducted on [redacted] at approximately 9:30 AM, no staffing schedule was observed posted within the facility. Upon request of the facility's current staffing schedule, the consultant stated she comes to the facility once a week and was working on the staffing schedule for [redacted]. The consultant stated that she was going to post the schedule today. However, no schedule was provided. Therefore, it could not be determined if the facility had maintained the required minimum weekly staffing standards of 168 hours for a census of 5 residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966285	**05/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Keval Exquisite Care, LLC	**2631 NW 107th Avenue Coral Springs, FL 33065**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The Administrator acknowledged the findings on at 2:00 PM. She stated no further documentation was available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Keval Exquisite Care, LLC
2631 NW 107th Avenue
Coral Springs, FL 33065

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a relicensure survey that was conducted on , 2014 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 , **2014** 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 yhis office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924