STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966285	**08/25/2016**
NAME OF PROVIDER OR SUPPLIER **KEVAL EXQUISITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2631 NW 107TH AVENUE** **CORAL SPRINGS, FL 33065**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on August 26, 2016 at Keval Exquisite Care, LLC (License #10499). The facility had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 11, 2016

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

RE: Abbreviated survey

Dear Administrator:

This letter reports findings of a state licensure abbreviated survey that was conducted on August 25, 2016 by a represen tative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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/dso
Enclosure: State 5000-3547 form

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