

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966929	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER KEVAL EXQUISITE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 323 NW 45TH AVENUE DEERFIELD BEACH, FL 33442	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on 8/09/2017 at Keval Exquisite Care LLC, License # 11067. The facility had no deficiencies at the time of the visit.