| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966285 | 04/19/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**KEVAL EXQUISITE CARE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2631 NW 107TH AVENUE**<br>**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 at Keval Exquisite Care, LLC License #10499. The facility had deficiencies at the time of the visit.

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on observation, resident record review, and interview, the facility failed to accurately update and complete Health Assessment (AHCA form 1823), for 2 of 2 sampled resident records reviewed as required (Resident # 2& 3) .

The findings included:

a) During observation of Resident #2 on at 9:00AM sitting in a high back recliner chair for posture an interview was conducted. Review of Resident # 2"s Record contains documentation of a MD order for the high back chair for posture due to Parkinson's on record. In addition documentation of MD order for for .However, review of Resident # 2's Health Assessment (AHCA form 1823) revealed the form was incomplete. The following areas on the form were missing and/or left blank: information height; weight; physical sensory limitations; or behavioral status; nursing/treatment/ services and special precautions. Further review of the diagnosis revealed no diagnosis regarding and high back chair for posture.

b) During an interview with Resident #3 on , it was revealed that he has in . During observation of Resident #3's , a concentrator was observed next to the resident's bed. An inquiry, at this time, was made with the staff, regarding when the resident receives the ; staff could not answer. Review of Resident #3's Health Assessment AHCA (form 1823) revealed use and/or requirement is not documented. Further record review of hospital discharge summary does not state use of . Requested the Doctor's order for the and the Administrator could not locate it. The 1823 has additional errors such as incorrect diagnosis of without consult or any history in file or medication/psych visits to treat it.

An interview with the Administrator conducted on at 2:30PM, and acknowledged the lack of information on the 1823 and confirmed the findings. No further documentation or information provided at that time.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966285** | **04/19/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**KEVAL EXQUISITE CARE, LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2631 NW 107TH AVENUE**<br>**CORAL SPRINGS, FL 33065** | |

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

**0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC**

Based on observation, resident record review, and interview, the facility failed to maintain Over the Counter (OTC) product with label stating resident's name and the manufacture's label with directions for use for 1 of 1 sampled resident during observation of assistance in self-administration of medication and record review of the Medication Observation Record (MOR) (Resident # 1) .

The findings included:

During observation of medication, assistance of self-medication with Med Tech Staff A and Resident #1 on at 12:45PM for the following OTC medication , revealed the bottle did not have a label stating resident's name and the manufacture's label with directions on it. Record review with the Administrator of MOR revealed the following was handwritten : take 1 tabs two times daily before breakfast and lunch. Further review of the MOR revealed instructions on the MOR did not state before or after lunchtime. In addition, the MOR does not indicate the milligrams of each tablet. Staff performed this medication pass after lunch at 12:45PM. Further record review states an admission date of . Requested the doctor's orders for this medication and the Administrator could not locate it.

Administrator was present, confirmed, and acknowledged the findings and no further documentation provided.

Class III