

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966285	(X3) DATE SURVEY COMPLETED R 07/02/2018
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 relicensure revisit survey with the capacity of 6 was conducted on 7/02/18 at Keval Exquisite Care (ALF), License #10499 . The facility had no deficiencies at the time of the visit.