STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966929	**04/22/2019**
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

A Relicensure survey was conducted at Keval Exquisite Care, Llc. on . The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, it was determined the facility failed to ensure that 1 of 4 sampled employees (Staff B) obtained evidence of a negative ( ) examination documented on an annual basis and a statement regarding the employee is free of signs or symptoms of communicable by a licensed health care Practitioner.

The findings included:

During a record review of Staff B's employee file hired on , there was documentation that the last test was on . The file did not contain documentation of a negative examination on an annual basis by a licensed health care practioner as required, specifically for 2019.

During an interview on at 11:00 AM with the Assistant Administrator, the findings were acknowledged and confirmed.

Class III