STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910416	11/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Swankridge, Inc	122 Nw 7 Street Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was made at Swankridge Inc. on .
The following deficiencies were identified:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a complete health examination (AHCA form 1823) for 1 of 2 (#1) sample residents.

Findings Include:

Record review documented the health assessment for resident #1 (admitted on) available for review and dated did not document resident's diagnoses and did not especify if resident's #1 needs could be met in the ALF.

On at about 1:30 p.m. the facility owner confirmed the health assessment of resident #1 dated / did not document residents diagnoses and if residents needs could be met in the ALF.

Class III

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

Based on record review and interview the facility failed to have the freedom from communicable statement including for 1 of 5 (#5) facility staff. as well as a freedom from communicable statement made on annual basis for 3 of 5 facility staff (#1, #2 and #3).

Finding Include:

Record review documented the facility failed to have the freedom from communicable statement including for staff #5 (caretaker hired on) .

Further review revealed the facility failed to have statement stating Staff #1, 2. amd 3 were free from communicable statement including documented on annual basis for the following staff as

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follow:
Staff #1 (administrator, hired on) last freedom from communicable statement was dated:

Staff #2 (caretaker) hired on last freedom from communicable statement was dated

Staff #3 (caretaker) hired on the freedom from communicable last freedom from communicable statement was dated: .

On at about 1:30 p.m. the facility owner confirmed the facility failed to have the freedom from communicable statement including for #5 and failed to have the freedom from communicable statement including documented on annual basis for staff #1, #2 and #3.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have an administrator trained in 12 hours of continuing education in topics related to assisted living every two years..
Based on record review and interview the facility failed to appoint a manager who succesfully passed the CORE training.

Findings as follow:

Record review revealed the facility failed to have proof that facility administrator (hired on) received the 12 hours of continuing education training regarding the assisted living facilities.

Record review revealed the facility failed to have documentation that , staff #2 (manager, hired on) succesfully passed the CORE training.

On at about 1:30 p.m. the facility owner stated the facility failed to have the administrator trained in 12 hours of continuing education in topics related to assisted living facilities .The facility owner also stated the facility manager (staff #2) did not receive the CORE training.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to have 1 of 5 facility staff (staff #5) trained in Reporting Adverse Incident and Facility Emergency Procedures.

Findings Include:

Record review revealed the facility failed to have staff #5 (hired on trained in
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation

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On at about 1:30 p.m. the facility owner confirmed the facility failed to have staff #5 (caretaker) trained in reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, record review and interview the facility failed to have at least 1 staff present in facility trained in and First AID.

Findings as follow:

Record review documented staff #2, #3, #4 and #5 were present in facility at the time of survey.
Record review documented:
Staff #2 hired on and First Aid trainings were expired on
Staff #3 hired on and First Aid trainings were expired on
Staff #4 hired on had no and Firt Aid Trainings.
Staff #5 hired on had no and First Aid trainings.
Record review also documented the and First Aid trainings for staff #1 (administrtor) were also expired on

On at about 1:30 the facility owner confirmed the facility failed to have at least 1 staff present in facility with updated and First AID trainings and stated staff #4 and # 5 had no the and First Aid trainings.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure 4 of 5 (#1, #2, #3, #4) facility sample staff who assist with self administration of medications are adequetly trained

Findings as follow:

Record review documented the facility failed to train staff #4 (caretaker hired on /) in assisting residents with self administration of medications. Record review documented the facility failed to have proof of the continuing education training for staff #1 (admistrator) and staff #2 and #3 (caretakers).
Record review documented the last medication training received by:
Staff #1 (hired on) was dated
Staff #2 (hired on) was dated
Staff #3 (hired on) was dated

On at about 1:00 p.m. the facility owner confirmed the facility failed to have staff #4 trained in assisting residents with self administration of medications and staff #1, #2 and #3 trained in assisting with self administration of medications continuing education.

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Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have 1 of 5 sample facility staff (#5) trained in ('s)

Findings as follow:

Record review revealed have staff #5 (hired on)was not trained in ('s).

On at about 1:30 p.m. the facility owner confirmed the facility failed to train staff #5 in ('s)

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to have the level 2 background screening for 2 of 5 (#4 and #5) sample staff.

Findings as follow:

Record review documented the facility failed to have the Level 2 background screening for staff #4 (caretaker hired on)and staff #5 (caretaker,hired on) .

Record review documented the facility had a background made at the Miami Dade police Dpt. made on for staff #4 (caretaker).

On at about 1:30 p., the facility owner stated staff #4 and #5 had the background screenings level II but had no the proof of it..

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Swankridge, Inc
122 Nw 7 Street
Homestead, FL 33030

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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