STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911783	03/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Swankridge, Inc #2	120 Nw 17 Street Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard biennial survey was conducted on . Swankridge, Inc #2 had deficiencies at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview the Assisted Living Facility's caregiver failed to ensure proper procedure was followed while assisting 1 out of 5 sampled residents (#2) with self-administration of medication.

Findings include:

1. Observation on at approximately 8:36 a.m. revealed that caregiver_A assisted resident #2 with self-administration of medication. Caregiver_A did not wash her hand or use hand sanitizer prior to and after assisting resident #2 with self-administration of medication. Caregiver_A signed Medication Observation Record (MOR) prior to resident #2 taking her medications.

2. In an interview with caregiver_A on at approximately 8:42 a.m. revealed that she was nervous and that was the reason she omitted steps of washing her hands and observing resident#2 took her medications and then signed the MOR.

Class III

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview the Assisted Living Facility failed to maintain the results of employee screening conducted by the agency in the employee's personnel file for caregiver_A.

Findings include:

1. Record review of caregiver_A's personal file revealed that there was no results of employee screening conducted by agency while agency background screening result unit website indicated that the registered nurse last background screening was eligible on .

2. Administrator on at approximately 1:30 p.m. acknowledged findings.

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Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the Assisted Living Facility failed to have a high school diploma or general equivalency diploma in manager personnel's record.

Findings include:

1. Record review revealed that in manager's personnel record there was no proof of high school diploma or general equivalency diploma.

2. In an interview with manager on at approximately 9:45 a.m. revealed that manager's proof of high school diploma was not in the facility.

Class III

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

Based on record review and interview the Assisted Living Facility failed to have statement from health care provider of freedom of documented on an annual basis for caregiver_B.

Findings include:

1. Record review of caregiver_B's personnel file revealed that statement from health care provider of freedom of (chest X-ray results) was completed on .

2. Administrator on at approximately 1:30 p.m. acknowledged findings.

Class III

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

Based on record review and interview the Assisted Living Facility did not ensure that 1 out of 4 sampled employees (caregiver_A) had received in-service training within 30 days of employment that covers resident elopement response policies and procedures, incident report training, resident rights training emergency preparedness & evacuation training .

The findings include:

1. Record review for caregiver_A's personnel file revealed that caregiver_A date of hire was did not have documentation that she receive in-service training within 30 days of employment that covers resident elopement response policies and procedures, incident report training, resident rights training, recognizing/ reporting neglect and training either emergency preparedness & evacuation training .

2. Administrator on at approximately 1:30 p.m. acknowledged findings.

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Class III

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

Based on record review and interview the Assisted Living Facility failed to obtain ( ) training within 30 days of employment for caregiver_A.

Findings include:

1. Record review for caregiver_A's personnel file revealed that she was hired on and she lacked training.

2. Administrator on at approximately 1:30 p.m. acknowledged findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Swankridge, Inc #2
120 Nw 17 Street
Homestead, FL 33030

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 5/8/2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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