STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911783	**05/27/2014**
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)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-05/27/2014
0074-Staffing Standards - Personnel File (bgs)-05/27/2014
0077-Staffing Standards - Administrators-05/27/2014
0078-Staffing Standards - Staff-05/27/2014
0081-Training - Staff In-Service-05/27/2014
0090-Training - Do Not Resuscitate Orders-05/27/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced standard biennial follow up survey was conducted on 05/27/2014. Swankridge, Inc #2 had no deficiencies at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 5, 2014

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

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey revisit conducted on May 27, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

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