STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911783	12/07/2015
NAME OF PROVIDER OR SUPPLIER **SWANKRIDGE, INC #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 NW 17 STREET** **HOMESTEAD, FL 33030**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An abbreviated biennial survey was conducted on _____, 2015. Swankridge, Inc #2 had the following deficiencies found at time of survey:

0032 Resident Care - Elopement Standards

Based on record review and interview, the Assisted Living Facility failed to completed resident elopement response drills twice a year.

Findings included:

Facility's record review on revealed that there were no resident elopement response drills conducted twice a year.

In an interview with Staff D on at 9:56 AM revealed that she did not know what elopement drills were.

Class III

0054 Medication - Records

Based on observation, record review, and interview, the Assisted Living Facility failed to immediately update the medication observation record (MOR) each time the medications were offered or administered for six (#1, #2, #3, #4, #5 and #6) out of six sampled residents.

Findings included:

Observation on at 8:51 AM revealed that Staff A had the medication observation record book in her hands and was initialing Resident #4's MOR for medicines 3 teaspoon daily twice a day scheduled at 8 AM and 8 PM and Florastor 1 tablet twice a day scheduled at 8 AM and 8 PM.

Record review of Residents #1, #2, #3, #5 and 6's MORs revealed that none of Residents #1, #2, #3, #5 and 6's medicines scheduled at 8 AM were initialed for or .

In an interview with Staff A on at 8:57 AM revealed that all six resident took their medicines on and but Staff A totally forgot about initialing the MORs.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of an abbreviated biennial licensure survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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