STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910416	**07/05/2016**
NAME OF PROVIDER OR SUPPLIER **SWANKRIDGE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **122 NW 7 STREET HOMESTEAD, FL 33030**	

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

0000 Initial Comments

A Complaint Survey (CCR# 2016006093) was conducted on . Swankridge, Inc. with standard license (AL 5184) had the following deficiencies identified at the time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview, and record review the facility failed to honor residents' rights by having security cameras in private .

Findings as follow:

On at 9:55 a.m. observed the facility had surveillance cameras in each residents' (# , #2, #3, #4 and #5) and common areas.

On at 10:10 a.m. Staff #2 reported, the facility cameras worked day and night but were mostly used at night to know a resident woke up or needed any assistance from staff. She also stated to document any or other incident involving resident and to have more documentation to offer family in case resident is involved in any incident. She reported staff protect residents' privacy by not changing clothes and residents' briefs in , adding residents are taking to the bath for bathing, changing clothes and briefs.

On at 11.00 a.m. Staff #4 stated that they protect residents' privacy by taking residents to the bath for clothes and brief change with with the bath door closed. Adding residents can make private phone calls.

On at 11:15 a.m. the facility owner stated facility cameras were installed 20 years adding she is in charge of monitoring the cameras from the office. The owner said cameras were broken showing in the computer screen the image. also stated, had to install a new camera system.
Class III

0081 Training - Staff In-Service

Based on observation, record review, and interview the facility failed to have 2 out of 5 (Staff #3 and #4) sampled staff were trained in resident rights in an assisted living facility within 30 days of being hired.

Findings as follow:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 9:45 a.m. Staff #3 (hired on) and Staff #4 (hired on) were observed in facility assisting residents with the activities of daily living.

Record review showed the facility failed to have documentation of of Staff 3 and 4 trained in Residents Rights.

On at 11:00 a.m. the facility's owner stated, Staff 3 and 4 did not receive the Residents Rights training, yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Swankridge, Inc
122 Nw 7 Street
Homestead, FL 33030
RE: CCR #2016006093

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on , 2016 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 , 2016.** 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com