STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910416	**11/01/2017**
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 (CCR# 2017009370) survey was conducted on October 24th, 2017 and concluded on November 1st, 2017. Swankridge, Inc. with standard license, license number 5184 had deficiencies identified at the time of the survey and cited under standard biennial survey.

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