STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910416	**10/26/2017**
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 Standard Biennial Survey was conducted on , 2017 and concluded on , 2017. Swankridge, Inc. with standard license, license number 5184 had the following deficiencies identified at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

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

Findings included:

Review of elopement drills' record revealed that there was no elopement drills in record.

In an interview on at 10:00 am the Financial Officer stated, "You have to cite me, I don't have them."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to provide documentation of a negative examination required on an annual basis for six out of nine sampled staff (Administrator and Staff G). The facility failed to provide documentation of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for four out of nine sampled staff (Staff B, C, D and F).

Findings included:

Review of Administrator's record revealed that the last documentation of a negative was on .

Review of Staff B's record revealed that hire date was and there was not a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Review of Staff C's record revealed that hire date was on and there was not a written statement from a health care provider documenting that the individual does not have any signs or

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symptoms of communicable .

Review of Staff D's record revealed that hire date was on and there was not a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Review of Staff F's record revealed that hire date was on and there was not a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Review of Staff G's record revealed the last documentation of a negative was on .

In an interview on at 2:30 PM the Financial Officer revealed that Administrator needed a new one.

In an interview on at 2:40 PM the Financial Officer revealed that all staff will have done their physical examination.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that the person designated by the Administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Observation on at 11:58 AM revealed Staff A prepared and served lunch.

Review of Staff A's personnel record revealed that the 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility was completed on .

In an interview on at 1:46 PM the Financial Officer stated, "I have to redo food training."

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the Assisted Living Facility failed to ensure that all the floors and walls were maintained in good working order.

Findings included:

Observation on at 8:45 AM revealed the floor in the kitchen had broken tiles and there was a hole between tile between the stove and the sink counter.

In an interview on at 2:48 PM the Financial Officer revealed that facility needed to fix the floor in the kitchen.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure that resident's record had a completed health assessment for one (#9) out of nine sampled residents.

Findings included:

Review of Resident #9's record revealed that health assessment (AHCA form 1823) completed on was incomplete. It only had pages 1 and 4. The health assessment did not indicate if resident needed or no help taking the medicines. It did not show the diet, if resident's need can be met in an ALF, or the kitchen of help needed for activities of daily living. Resident #9's previous health assessment was completed on and it missed the examiner's signature.

In an interview on at 11:41 AM the Financial Officer stated, "That is all what I have for Resident #9, probable because Resident #9 is private."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the Assisted Living Facility failed to have the annual Comprehensive Emergency Management Plan approval.

Findings included:

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Review of facility's record revealed that there was no Comprehensive Emergency Management Plan available for review.

In an interview on at 10:00 am the Financial Officer stated, "I will have to send it to you, the Administrator has it but Administrator is here now."

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the Assisted Living Facility failed to maintain in the staff's personnel file the signed form of Attestation of Compliance with Background Screening Requirements for nine out of nine sampled staff.

Findings included:

Review of nine sampled staff revealed they did not have the signed form of Attestation of Compliance with Background Screening Requirements in record.

In an interview on . . at 1:33 PM Financial Officer stated, "I did not know about it."

Unclassified