STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910416	R **01/16/2018**
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 January 16th, 2018. Swankridge, Inc. with standard license, license number 5184 did not have deficiencies identified at the time of the survey.