STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911783	**01/31/2018**
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

A Standard Biennial Survey was conducted on , 2018. Swankridge #2, Inc. with standard license, license number 5057 had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to ensure that resident records included resident demographic data as telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency for one (Resident #4) out of five sampled residents. The facility also failed to have accurate health assessment for two (#4 and #5) out of five sampled residents.

Findings included:

1. Review of Resident #4's demographic sheet revealed that it did not include the name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency.

In an interview on at 10:36 AM Financial Officer stated, "it should be there, I'll fix it."

2. Review of Resident #4's record revealed that Health Assessment (AHCA form 1823) completed on . The height and weight sections were blank. It did not show the name of the examiner, address of the examiner or telephone number of the examiner. Question asking if resident needs help taking his or her medications was left in blank.

Review of Resident #5's record revealed that Health Assessment (AHCA form 1823) completed on . Question asking if resident needs help taking his or her medications was left in blank.

In an interview on at 2:20 PM Financial Officer stated, "How are we supposed to fix them?"

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have Emergency Management Plan reviewed and approved by the local emergency management agency on an annual

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basis.

Findings included:

Review of facility's record there was no proof of approval for Comprehensive Emergency Management Plan.

In an interview on [redacted] 11:03 AM via telephone Staff B revealed that there is a big problem with the the local emergency management agency. Staff B paid everything for both facilities together and the local emergency management agency just sent for the other one for not for this one. They have not even approved the facility's plan for 2015. They don't have it since 2015. They haven't approved yet.

Class III