

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911783	(X3) DATE SURVEY COMPLETED R 03/27/2018
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 Revisit Survey was conducted on 03/27/2018. Swankridge #2, Inc., license number 5057 had no deficiencies identified at the time of the survey.