STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967233	03/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Springfield Gardens	588 Sw Ray Ave Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service
St - A - 0082 - 58a-5.0191(3) Fac - Training -
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And
St - A - 0090 - 58a-5.0191(11) Fac - Training -

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Springfield Gardens. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each resident's health assessment (AHCA 1823 form) was completed, for 1 of 3 sampled residents (Resident #2).

The findings include:

During interview and record review with the Administrator, conducted on beginning at approximately 10:30 AM, the current health assessment (dated for Resident #2 did not include all of the required components as follows:

a) diet order

b) level of assistance required with medications

c) physician's statement that this resident's needs can be met in an assisted living facility

d) initial weight (for a resident noted to have a history of weight loss)

The Administrator acknowledged that this form was not completed and could not provide an explanation as to why it was not completed. She acknowledged that she only "glances" at the health assessment and that she did not notice it was not completed.

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review, it was determined the facility did not accurately read and interpret the MOR (Medication Observation Record), specifically related to obtaining a reading prior to providing assistance with the self-administration of a hypertensive medication, for 1 of 3 sampled residents (Resident #1). In addition, the unlicensed staff member providing assistance with the self-administration of medications did not identify the medications to each resident prior to providing assistance with their medications, for 3 of 3 sampled residents (Resident 1; Resident #2 and Resident #3).

The findings include:

1) During observation of the Administrator (Employee A: unlicensed direct care staff member), on beginning at 8:05 AM, she was not observed to obtain Resident #1's reading during this medication observation.

During interview and review of 2014 MOR (Medication Observation Record) with the Administrator, conducted on beginning at approximately 9:08 AM, she was asked where Resident #1's is recorded. She stated that this resident's is not recorded per instructions on MOR. The 2014 MOR indicated 2.5mg tablet is to be taken by mouth once daily and to hold this medication if Resident #1's is less than The Administrator also acknowledged that Resident #1's was not obtained prior to the provision of the Lisinopril 2.5mg on at 8:05 AM.

During interview and record review conducted with the Administrator, on beginning at approximately 9:35 AM, she was provided the opportunity to locate the physician's order related the use of the She was unable to locate this documentation. She placed a call to the pharmacy and requested they send a copy to her. This copy of the physician's order, dated (received via fax from the pharmacy), indicated 2.5 mg tablet is to be provided daily and to hold if is less than The Administrator acknowledged that she nor Employee B obtain Resident #1's and therefore do not record it for this resident's record.

During interview with Resident #1, conducted on beginning at approximately 11:55 AM, she was asked if the staff take her every morning. She replied not that she remembered.

2) During medication observation of the following residents Employee A (unlicensed staff member

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providing assistance with the self-administration of medications) did not inform each resident of the name or type of medication that they would be receiving:

a) Resident #1: [redacted] at 8:05 AM; 7 medications were provided at this time
b) Resident #2: [redacted] at 8:15 AM; 1 medication was provided at this time
c) Resident #3: [redacted] at 8:50 AM; 1 medication was provided at this time

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on interview and record review, it was determined the facility failed to ensure the Administrator participated in a minimum of 12 hours of continuing education in topics related to assisted living every 2 years as required.

The findings include:

During employee record review and interview conducted with the Administrator, on [redacted] beginning at approximately 11:00 AM, she was asked to provide documentation that reflected she had obtained the required 12 hours of continuing education every 2 years in order to maintain her Core Certification. She stated she was not aware of that requirement. She provided documentation of 3 trainings that she had attended in the past 2 years that totaled 5 hours of continuing education (i.e. 1 hour- [redacted] Understanding ALF regulations and Hospice Services in an ALF; 2 hour medication updated - [redacted] and a certificate dated [redacted] for Resident Rights Training by the Florida Ombudsman Program that did not indicate any amount of hours, however the Administrator stated she believed it was for 2 hours). The Administrator acknowledged that she had not obtained the required 12 hours of continuing education as she was not aware of this requirement.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each staff member that provides direct care to residents had received the required 1 hour training in

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control, including universal precautions, and facility sanitation procedures before providing personal care to residents, for 1 of 2 sample employees(Employee B).

The findings include:

During employee record review and interview conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide documentation to reflect Employee B (live-in direct care staff with a date of hire noted as had received training in the topic of control, including universal precautions, and facility sanitation procedures prior to providing personal care for the residents. The Administrator acknowledged that documentation that Employee B had received this training could not be located at this time.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member had documentation on file that they had attended a one-time education course on and for 1 of 2 sampled employees (Employee B).

The findings include:

During employee record review and interview conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide documentation to reflect Employee B (live-in direct care staff with a date of hire noted as had received training in the topic of and prior to providing personal care the residents. The Administrator acknowledged that documentation that Employee B had received this training could not be located at this time.

Class III

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0083-Training - First Aid and 58A-5.0191(4) FAC

Based on interview and record review, it was determined the facility failed to ensure that atleast one staff member who has completed a course in First Aid and holds a currently valid card documenting completion is present must be in the facility at all times, for 1 of 2 live-in direct care staff members (Employee A).

The findings include:

During interview and employee record review conducted with the Administrator (Employee A with a date of hire noted as conducted on beginning at approximately 11:00 AM, she was asked if she had a current First Aid card on file (as hers expired on She stated she had not noticed that it had expired until she had handed the card to this surveyor for review. She acknowledged understanding that there must be a staff member that has current certifications in and First Aid that is in the building at all times. She also acknowledged she is a live-in and the only staff member scheduled for today and that she has been the only staff member on the schedule for 6 other days in the month of 2014.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review, it was determined the facility failed to ensure that direct care staff received at least 1 hour of training in the facility's policy and procedures regarding within 30 days of employment for newly hire staff members, for 1 of 2 sampled employee records reviewed (Employee B).

The findings include:

During employee record review and interview conducted with the Administrator, on beginning at approximately 11:00 AM, she was asked to provide documentation to reflect Employee B (live-in direct care staff with a date of hire noted as had received training in the topic of the facility's policy and procedures regarding within 30 days of

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hire. The Administrator acknowledged that documentation that Employee B had received this training could not be located at this time.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Springfield Gardens
588 SW Ray Ave
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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