

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967233	(X3) DATE SURVEY COMPLETED 03/28/2016
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 588 SW RAY AVE PORT SAINT LUCIE, FL 34983	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial Abbreviated Relicensure survey was conducted on 03/28/16 at Springfield Gardens. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2016

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

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a Relicensure survey that was conducted on March 28, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

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Enclosure

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