STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967233	**03/14/2018**
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 Abbreviated Relicensure with Limited Mental Health (LMH) survey was conducted on , 2018 at Springfield Gardens, License #11322. The facility had deficiencies at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 2 of 2 sampled residents (Residents #1 and #2) who required assistance with the self-administration of medication.

The findings included:

During review of the 2018 MOR's (Medication Observation Record), the following omissions and errors were identified:

1. Resident #1:
a. 8:00 AM doses for and were not initialed as given for Camtrigine.

2. Resident #2:
a. 8:00 AM dose for - had not been initialed as given for .
b. 8:00 AM dose for - had not been initialed as given for .
c. 8:00 PM dose for - had not been initialed as given for .

The administrator was notified of these findings during interview on at 11:30 AM. The facility provided no additional documentation for review at this time.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 1 of 2 sampled residents (Resident #2), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

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The findings included:

On at 11:00 AM, the 2018 MOR (Medication Observation Record) for Resident #2 was reviewed. The MOR listed " 600 mg, one tablet by mouth every 6 hours as needed". There were no instructions listed for when the resident was to request and receive this medication and for what reason.

These findings were discussed with the administrator at this time. She acknowledged that specific instructions for the use of a "PRN" or "as needed" medication was not listed on the MOR.

Class

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 1 of 2 sampled staff (Staff A) who provides direct care to residents had received the required in-service training in Incident Reporting within 30 days of employment.

The findings included:

Review of the personnel file for Staff A, who provides direct care to the residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment:

1. Adverse and Major Incident Reporting (part of 1 hour required).

Staff A was hired on .

The administrator was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for this staff member at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 1 out of 1 sampled staff (Staff A).

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The findings included:

Review of the personnel file for Staff A who works as a live in caregiver revealed no current training with a valid card in First Aid. Staff A was observed in sole charge of 2 residents on at 10:00 AM.

The administrator confirmed that the documentation of training in First Aid was not present and available for review for Staff A who was left in sole charge of residents. The facility provided no additional documentation of the required training for review at this time.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interviews, the facility failed to ensure that meal items served with substitutions of equal nutritional value were noted before or at the time that the meal is served.

The findings included:

On at 12:00 PM, Staff A was observed serving spaghetti with marina sauce and meatballs, and mixed vegetables to the residents for lunch. The dietician approved menu dated indicated that the residents were to be served ham, mashed potatoes with gravy, mixed vegetables and garlic bread. No substituted meal items were documented at this time.

During review of facility records, there was no documentation of substituted meal items dated for the previous six (6) months available for review. These findings were acknowledged by the Administrator during interview on at 12:30 PM. The facility provided no additional documentation for review at this time.

Class

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

Based on record review and interviews, the facility failed to submit their Comprehensive Emergency Management Plan annually to the county emergency planning department for review and approval.

The findings included:

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On at 10:00 AM, the administrator stated during interview that the last time the Comprehensive Emergency Management Plan (CEMP) that was submitted to the county was on . She did not have a plan currently approved by the county. The plan previously approved by the county was dated . The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually.

During interview with a representative from the Emergency Planning Department on at 11:00 AM, the representative stated that the facility was notified by email on or about that their current plan was missing information and could not be approved without the required information.

During interview with the administrator on at 11:00 AM, she acknowledged that she did not have a plan currently approved by the county. The facility provided no additional documentation for review at this time.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and an interview, the facility failed to ensure that 2 of 2 sampled staff (Staff A and B), who provide direct care to residents, had received the required initial training in working with individuals with mental health diagnoses within six (6) months of employment.

The findings included:

a. Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of a minimum of six (6) hours of training in working with individuals with mental health diagnoses dated within six (6) months of employment. Staff A was hired on .

b. Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of a minimum of six (6) hours of training in working with individuals with mental health diagnoses dated within six (6) months of employment. Staff B started working at the facility on 11/.

The administrator was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. This training is required for staff of an Assisted Living Facility (ALF) with a Limited Mental Health (LMH) specialty license. This facility currently has an LMH license. The facility provided no additional documentation of the required training for these staff members at this time.

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Class III