STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967233	R 05/31/2018
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 revisit to the licensure survey was conducted on [redacted] at Springfield Gardens ALF, License # 11322. The facility had uncorrected deficiencies at the time of the visit.

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

Based on interview and record review, it was determined the facility failed to ensure that each residents PRN (as needed) prescription was clarified by their health care provider the circumstances under which it would be appropriate for the resident to request the medication and any limitation must be specified; for example, "as needed for pain, not to exceed 4 tablets per day" for 1 of 3 sampled residents (Resident #1).

The findings include:

During interview and review of Resident #1's MOR (Medication Observation Record) for , 2018, Staff A acknowledged it reflected , 0.5mg take twice a day PRN (as needed). Staff A also acknowledged the MOR did not indicate the parameters for the PRN (as needed). The last physician's order for this medication, dated , noted , 0.5mg tab orally 2 times per day PRN (started on). The medication label reflected , 0.5mg take 1 tablet twice a day and the following was "handwritten" on the label: 9:00 AM, 5:00 PM, and PRN.

The , 2018 MOR indicated this medication was provided to Resident #1 one time on the following dates: 4, 6, 7, 8, 10, 11, 15, 19, 20, 21, 22, 23, 24, 25, 26, and 27.

Class III
Uncorrected

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

Based on interviews it was determined the facility failed to have an approved CEMP (Comprehensive Emergency Management Plan) from the local authority that is responsible for reviewing and approving plans for the county this facility is located in (St. Lucie County).

The findings include:

During interview conducted with Staff A, on beginning at approximately 10:10 AM, she was

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asked for the facility's CEMP (Comprehensive Emergency Management Plan) approval letter. This staff member stated it is still in the process of review and has not been received, yet.

During subsequent interview conducted with the representative from St Lucie County Department of Public Safety and Communications, on beginning at approximately 9:30 AM, he stated this facility's CEMP had not been approved and is awaiting further information from the facility. He stated it was last submitted for review in , 2018.

Class III
Uncorrected