STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967233	R **09/12/2018**
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 2nd Revisit to the relicensure survey was conducted on September 12, 2018 at Springfield Gardens, License # 11322. The facility had no uncorrected deficiencies at the time of the visit.