STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	05/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DORCAS HOUSE	2601 13th AVENUE WEST BRADENTON, FL 34205	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Dorcas House, Assisted Living Facility, had deficiencies at the time of this visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the facility failed to ensure that a completed medical examination report was submitted to the facility owner or administrator to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility for 1 of 3 resident records reviewed.

Findings include:
Per observation and introduction on , Resident #1 currently resides in the facility house referred to as Dorcas I.
Per record review conducted on , Resident #1 was admitted to the facility on . Resident #1 ' s record contains an incomplete Resident Health Assessment dated . -- Omitted information includes the following: no medical diagnosis, no physical and mental status of the resident, including identification of any health-related problems and functional limitations; no indication that the resident does not require 24-hour nursing or . services; no indication that the resident does not have a communicable , no indication of whether resident needs assistance with self-administration of medications or medication administration; no assessment of resident ' s functioning in Activities of Daily Living, and no indication of services to be provided by the facility.
Per interview conducted with the Administrator on . at approximately 2:00pm, the Administrator acknowledged that the AHCA Form 1823 is missing the required documentation.

Class III

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC

Based on record reviews and interview, the facility failed to ensure that resident contracts contain the facility ' s policy concerning . and Advance Directives for 14 of 14 current facility residents.

Findings include:
Per record reviews conducted on , the standard facility contract in use by the facility does not contain information regarding residents ' choice of .
Per interview conducted with the Administrator on , the Administrator stated that he was unaware of the requirements pertaining to . and stated he will develop a policy and revise the facility ' s contract to include the required information.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	05/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DORCAS HOUSE	2601 13th AVENUE WEST BRADENTON, FL 34205	

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

0009 Continued From page 1

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that any change in directions for use of a medication for which the facility is providing assistance with self-administration is accompanied by a written medication order issued and signed by the resident's health care provider and that the new directions are promptly recorded in the resident's medication observation record (for 4 of 6 resident medication observation records & physician orders reviewed).

Findings include:
Per record review conducted at the facility on , Resident #6 is prescribed RR 600mg tablet - Physician orders: Take one tablet by mouth two times a day. Handwritten on MOR: PRN -- times per day not indicated. As of facility visit, Resident #6 has not received this medication at any time on 5/1, 5/2, 5/3, 5/4, 5/5, 5/6, & . Per interview and observation on , Staff A contacted physician for clarification of order and received order to provide this medication every 12 hours as needed for and discontinue routine orders. This medication was not being provided as prescribed.
Per record review conducted at the facility on , Resident #5 is prescribed 50mg tablets - Physician orders: Take one tablet by mouth every 6 hours as needed for chronic pain . Handwritten on MOR: 7am, 2pm, & 8pm. Staff initials indicate provision of medication at those times (7 hours between 1st & 2nd dose, 6 hours between 2nd & 3rd dose, and 11 hours between pm & am dose) every day on 5/1, 5/2, 5/3, 5/4, 5/5, & 5/6, & (7am), rather than providing as needed per physician order. There are no listings of provision of the as needed medication on reverse of the MOR indicating time, reason, & results. Per interview and observation on , Staff A contacted physician for clarification of order and received order on at 11:59am to " Continue Tablet, 50mg, orally - 1 tablet every 8 hours. " This medication was not being provided as prescribed.
Per record review conducted at the facility on , Resident #7 is prescribed MAPAP ER 650mg - stf: capsule - Physician orders: Take one tablet by mouth every 4 hours as needed for pain. Handwritten on MOR: 7am, 2pm, & 8pm. Staff initials indicate provision of medication at set times (every 7 hours & 6 hours & 11 hours apart) every day on 5/1, 5/2, 5/3, 5/4, 5/5, & 5/6, & (7am & 11am), rather than providing as needed per physician order. There are no listings of provision of the as needed medication on reverse of the MOR indicating time, reason, & results. Per interview and observation on Staff A contacted physician for clarification of order and received order to provide this medication three times a day and discontinue prn (as needed) orders. This medication was not being provided as prescribed.
Per record review conducted at the facility on , Resident #1 is prescribed 4% Gel - Physician orders: Apply thin coat to both knees four times daily as needed for knee pain. Handwritten on MOR: 7am, 11am, 4pm, & 8pm. Staff initials indicate provision of medication at set times (every 4 hours through 11 hours overnight) every day on 5/1, 5/2, 5/3, 5/4, 5/5, & 5/6, & (7am & 11am), rather than providing as needed per physician order. There are no listings of provision of the as needed medication on reverse of the MOR indicating time, reason, & results. Staff A contacted physician on for clarification of order and received order dated to provide this medication four times per day.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	**05/07/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DORCAS HOUSE	**2601 13th AVENUE WEST BRADENTON, FL 34205**	

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

0056 Continued From page 2

Class III

0076 - - 58A-5.0186 FAC

Based on record reviews and interview, the facility failed to have written policies and procedures that explain its implementation of state laws and rules relative to .

Findings include:
Per record reviews conducted on , the standard facility contract in use by the facility for 14 current residents does not contain information regarding residents ' choice of .
Per interview conducted with the Administrator on , the Administrator stated that he was unaware of the requirements pertaining to and stated he will develop a policy and revise the facility ' s contract to include the required information.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interviews, the facility failed to ensure all staff have testing within 30 days after beginning employment, annual documentation of freedom from , and statements from a health care provider documenting not having any signs or symptoms of a communicable .

Findings include:
Per record reviews and interviews conducted at the facility on , 2 of 3 employee records reviewed contained no evidence of annual documentation of freedom from ; 1 of 3 no evidence of testing within 30 days after beginning employment; and 2 of 3 no written statement from a health care provider documenting not having any signs or symptoms of a communicable .
Per record review, Staff A is the Assistant Manager at the Dorcas I facility (date of hire: . Per interview, Staff A is the current Assistant Manager, scheduled to work 7am-3pm and additional hours as needed, and provides direct care services to residents. As of record review, Staff A ' s last testing (negative) was conducted on . There was no indication of annual testing in 2013 & 2014, as required.
Per record review, Staff A ' s file contained a form dated entitled: " Communicable Testing. " The form consisted of staff name, Administrator name, & doctor signature provided, but with no information completed. There was no written statement from a health care provider within 30 days after beginning employment documenting that Staff A does not have any signs or symptoms of a communicable .
Per record review, Staff B is a Resident Caregiver (date of hire: . Per interview, Staff B primarily works at the Dorcas II house from 8am-1pm, 4-10pm, and varied hours as needed in both houses at the facility and provides direct care services to residents. As of record review, Staff B ' s last testing (negative) was conducted on . There was no indication of annual testing in 2013 & 2014, as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	05/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DORCAS HOUSE	2601 13th AVENUE WEST BRADENTON, FL 34205	

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

0078 Continued From page 3

Per record review, Staff C is a Resident Caregiver (date of hire: . Per interview, Staff C works at the Dorcas I house from 7am-3pm & 3-11pm and varied hours as needed and provides direct care services to residents. As of . record review, there is no indication of Staff C having any . testing - within 30 days after beginning employment as required.
Per record review, Staff C ' s file contained no written statement from a health care provider documenting not having any signs or symptoms of a communicable .
Per interview conducted with the Administrator on the Administrator acknowledged the lack of documentation and stated he will be increasing oversight of both Dorcas I & Dorcas II houses.

Class III

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

Based on record review and interviews, the facility failed to ensure all direct care staff receive in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment and a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents.

Findings include:
Per record reviews conducted at the facility on , 1 of 3 direct care employee records reviewed contained no evidence of completion of a minimum of 1 hour in-service training that covers reporting major and adverse incidents; 3 of 3 direct care employee records reviewed contained no evidence of completion of in-service training regarding the facility's resident elopement response policies and procedures.
Per record review, Staff A is the Assistant Manager at the Dorcas I facility (date of hire: . Per interview, Staff A is the current Assistant Manager, scheduled to work 7am-3pm and additional hours as needed, and provides direct care services to residents. As of . record review, there was no indication of Staff A completing in-service training regarding the facility's resident elopement response policies and procedures.
Per record review, Staff B is a Resident Caregiver (date of hire: . Per interview, Staff B primarily works at the Dorcas II house from 8am-1pm, 4-10pm, and varied hours as needed in both houses at the facility and provides direct care services to residents. As of . record review, there was no indication of Staff B completing in-service training regarding the facility's resident elopement response policies and procedures.
Per record review, Staff C is a Resident Caregiver (date of hire: . Per interview, Staff C works at the Dorcas I house from 7am-3pm & 3-11pm and varied hours as needed and provides direct care services to residents. As of . record review, there was no indication of Staff C completing in-service training regarding the facility's resident elopement response policies and procedures. Per record review, there was no indication of Staff C completing in-service training that covers reporting major and adverse incidents.
Per interview conducted with the Administrator on , the Administrator acknowledged the lack of documentation and stated he will be increasing oversight of both Dorcas I & Dorcas II houses.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	05/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DORCAS HOUSE	2601 13th AVENUE WEST BRADENTON, FL 34205	

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

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record reviews, and interviews, the facility failed to ensure that all unlicensed staff providing residents assistance with self-administration of medications complete a minimum of 2 hours of training annually on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings include:
Per record reviews conducted at the facility on 3 of 3 unlicensed staff providing residents assistance with self-administration of medications have not completed the required minimum of 2 hours training annually.
Per observation and interview, Staff A is an unlicensed staff person who provides residents assistance with self-administration of medications. Per record review, Staff A completed 6 hours of training in providing assistance with self-administration of medications on and a 2-hour update on . There was no documentation of Staff A completing an annual 2-hour update by and no documentation of completing an annual 2-hour update by .
Per observation and interview, Staff B is an unlicensed staff person who provides residents assistance with self-administration of medications. Per record review, Staff B completed 4 hours of training in providing assistance with self-administration of medications on and a 2-hour update on . There was no documentation of Staff B completing an annual 2-hour update by and no documentation of completing an annual 2-hour update by .
Per observation and interview, Staff C is an unlicensed staff person who provides residents assistance with self-administration of medications. Per record review, Staff C completed 4 hours of training in providing assistance with self-administration of medications on . There was no documentation of Staff C completing an annual 2-hour update by and no documentation of completing an annual 2-hour update by .
Per interview conducted with the Administrator on , the Administrator acknowledged the lack of documentation and stated he will be increasing oversight of both Dorcas I & Dorcas II houses.

Class III

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

Based on observation, record reviews, and interviews, the facility failed to ensure that facility administrators, managers, direct care staff and staff involved in resident admissions receive at least one hour of training in the facility's policies and procedures regarding within 30 days after employment.

Findings include:
Per record reviews and interviews conducted at the facility on , 3 of 3 employee records reviewed contained no evidence of training in the facility ' s policies and procedures regarding .
Per interview conducted with the Administrator on , the Administrator stated that he was unaware of the requirements pertaining to and stated he will develop a policy and provide all staff the required training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	05/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DORCAS HOUSE	2601 13th AVENUE WEST BRADENTON, FL 34205	

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

0090 Continued From page 5

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to include in resident contracts a provision that residents must be assessed upon admission and every 3 years thereafter or after a significant change; failed to provide the facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable; and failed to provide the facility's policies and procedures related to a properly executed

Findings include:
Per record reviews conducted on , the standard facility contract in use by the facility does not contain information regarding residents ' choice of . Per interview conducted with the Administrator on , the Administrator stated that he was unaware of the requirements pertaining to and stated he will develop a policy and revise the facility ' s contract to include the required information.
Per interview with the facility Administrator, the standard facility contract in use by the facility is used for all residents (currently 14). Per further review of the standard facility contract in use by the facility, there is no provision that residents must be assessed upon admission and every 3 years thereafter or after a significant change. There is also no mention of the facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Dorcas House
2601 13th Avenue West
Bradenton, FL 34205

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 2015 by representative(s) of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Teresa Ryan RNC
FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com