STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964237	**04/24/2017**
NAME OF PROVIDER OR SUPPLIER **DORCAS HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **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 abbreviated biennial survey was conducted at Dorcas House Assisted Living Facility on . Dorcas House Assisted Living Facility had deficient practice identified at the time of survey .

License: 8933

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

Based on record review and interview, the facility failed to have its Emergency Management plan reviewed by the local emergency management agency on an annual basis.

Findings included:

A record review revealed that the facility ' s Emergency Management Plan on file expired on , 2011. The last time the facility had its Emergency Plan submitted and approved was in 2010.

During an interview with the Administrator, conducted in , at 11:17 a.m., he confirmed that the emergency plan currently on file is expired and a new plan has yet to be submitted and approved.

Class III