STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942864	07/25/2018
NAME OF PROVIDER OR SUPPLIER **DOLPHIN HOUSE, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9670 - 134 STREET, NORTH** **SEMINOLE, FL 33776**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review the facility failed to ensure that three (A, B, C) out of four employees were entered on the Agency for Health Care Administration Clearinghouse Employee Roster where residents received care and services safely, securely and from persons who have not committed offenses that preclude them from employment.

Findings included:

A record review of the Agency for Health Care Administration Clearinghouse Employee Roster revealed that 3 out of 4 employees were not included on the Employee Roster reviewed on .

During a telephone interview on at 10:39 AM, the Administrator stated that he had previously checked the background screening website and saw that the facility's employees had Level 2 background screenings present on the website. He said that he was unaware that he was also required to have the employees names entered on the Roster.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review the facility failed to ensure that 2 (A and C) out of 4 employee files reviewed had a signed Attestation of Compliance with a Background Screening Requirement form completed in conjunction with the Level 2 screening.

Findings included:

On , an employee background screening review was completed of the employee files. Two employees did not have a signed Attestation of Compliance with Background Screening Requirement form present in their employee files.
Employee A had a hire date in 2001.
Employee C had a hire date in 2001.

An interview was conducted with the Administrator on at 1:15 PM. He acknowledged that the two staff members had not signed the form. He then printed and had the employees sign the forms.

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SUMMARY STATEMENT OF DEFICIENCIES
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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

ASSISTED LIVING FACILITY

An unannounced Abbrievated Biennial Survey was conducted at The Dolphin House, Inc. (License 8285) on .

Deficiencies were identified at the time of the visit.

0082 - Training - / - 58A-5.0191(4) FAC

Based on observation, record review, and interview the facility failed to ensure that two (A and C) out of four employees had the required / , (/) training who provided direct care to residents living in the facility.

Findings included:

On employee files were reviewed. Two employees did not have the / training present in their employee files.

At 8:48 AM an interview was conducted with Resident #1 who stated that staff assisted her with showering.
At 9:41 AM an interview was conducted with a family member of Resident #3, who stated that the staff assisted the resident with showering and toileting.
At approximately 11:30 AM, resident #3 was observed sitting in the dining her hair brushed and hair rollers put in by staff member C.

At 1:15 PM an interview was conducted with the Administrator. Both employees A and C were hired in 2001. The Administrator acknowledged that he did not have certificates or evidence that the training was provided to the employees.

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

Based on observation, record review and interview the facility failed to ensure that two (A and C) out of four employees, who worked directly with residents, had the required training.

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NAME OF PROVIDER OR SUPPLIER **DOLPHIN HOUSE, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **9670 - 134 STREET, NORTH** **SEMINOLE, FL 33776**	

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

Findings included:

On employee files were reviewed. Two employees did not have the training present in their files.
At 1:15 PM an interview was conducted with the Administrator. Both employees A and C were hired in 2001. The Administrator acknowledged that he did not have certificates or evidence that the training was provided to the employees.
At approximately 11:30 AM, resident #3 was observed sitting in the dining her hair brushed and hair rollers put in by staff member C.