STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	08/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lighthouse Inn South (the)	3305 Se 5th Street Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint inspection (CCR# 2013008238) was conducted from to . The Lighthouse Inn South, had licensure deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview, the facility did not provide the ordered diets, for 3 out of 3 sampled residents (Resident #4, #5 and #6).

The findings include:

In an interview with the Administrator on at 11:40 AM, she stated that the whole menu offerings are for residents and that a licensed Dietician certified the facility menus.

In an observation on at 11:45 AM in the main dining a staff member was pouring iced tea from a pitcher brought from the kitchen into glasses placed on every table in the dining .

In an interview with Resident #6 on at 11:50 AM, she stated that she believes that she was ordered a diet, the snacks (milk, cookies and ice cream) she receives are sugar free and adequate for her needs because her sugar levels are not greatly increased. She stated that a home health nurse comes every day to manage her medication. Review of her home health records from to present indicated that she received nursing management, her physician ordered Lantus 45U in the morning and sliding scale administration above 201 sugar level, she was not given more than 45U during this period and her sugar level did not elevate past 183.

Review of the facility menu indicated that the lunch meal for was baked ziti, salad, garlic bread and ice cream, and it indicated that residents must use skim milk, sugar substitutes, sugar free beverages and fruit juices with no added sugars. In an observation of the lunch meal on from 12:15 PM to 12:40 PM the residents received the meal as per the menu with no deviations for residents. In an observation at this time, Residents #4 and 5 were

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eating their lunch as per the menu, drinking the iced tea provided. Resident #4 stated that she liked her lunch very much.

In an interview with Resident #4 on at 12:45 PM, she stated that she was on a therapeutic diet and that a home health nurse helps her with her every day. Review of her home health records from to present indicated that she received daily nursing management, was ordered NW 24U in the morning and sliding scale above 201 sugar level, she was not given more than 24U and her sugar level did not elevate past 149.

In an observation of the kitchen with the Cook on at 12:55 PM, she displayed the following foods as served to all the residents: 2% milk in the refrigerator, regular fruit juices and regular instant iced tea mix. She stated that she does not have any skim milk, sugar free juices or beverages to offer to the residents as per the menu. She also stated that the iced tea served to the residents for lunch was not sugar free and was prepared as per the serving instructions on the iced tea container.

In an interview with the Consultant Dietician on at 12:35 PM, she stated that 2% milk cannot replace skim milk for residents, instant iced tea mix with 18 gram of total per serving and fruit juices with 30 grams of total per serving are not specified for She also stated that the menu specifications are listed in the menu she provided to the facility (attached), which must include: skim milk, sugar free juices and beverages, which may be served at 15 grams and 0 grams per serving respectively.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility did not maintain a safe living environment by not ensuring that the doorway thresholds inside resident do not pose a tripping hazard.

The findings include:

a) In an observation of on at 10:10 AM, the separation from the bed the bath a marble threshold that was approximately 3 " wide and 0.5 " tall from the floor (picture attached). In an observation of on at 10:20 AM, the separation from the bed the bath a marble threshold that was approximately 3 " wide and 0.5 " tall from the floor (picture attached). In an observation of on at 10:30 AM, the separation from the bed the bath a marble threshold that was approximately 3 " wide and 0.5 " tall from the floor (picture attached). In an observation of on at 1:20 PM, the separation from the bed the bath a marble threshold that was approximately 3 " wide and 0.5 " tall from the floor.

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b) Review of the resident census indicated that Resident #3 was currently placed in from , which is currently occupied by resident #6. Resident #2 was in and Resident #7 was in .

c) In an interview with Resident #2 on at 10:15 AM, he stated that he receives help from staff to ambulate, dress and to go to the he has poor balance. He stated that the staff checks up on him regularly to ensure his safety and when he it was because he tried to walk by himself and he did not notify the staff. The resident presented to be alert and moderately at this time, without any physical signs of having been in an accident or on his head, and no apparent distress.

Review of the resident's health assessment dated on indicated that he was diagnosed with , Parkinson's and , and that he required supervision with ambulation, bathing and dressing. Review of the falling star list indicated that the resident was placed in the vention program.

d) In an interview with the Administrator on at 1:35 PM, she stated that Resident #2 has only once, on at around 9 PM for attempting to stand on his own. The resident was subsequently educated to notify staff for help and he was placed in the falling star program for supervision.

e) Review of Resident #3's observation log indicated that on at 1:15 AM, he was sent to the hospital because he in the hit his head and hurt his back.

f) In an interview with Resident #3 in the nursing home on at 3:25 PM, he stated that about a week ago at around 12:00 AM-1:00 AM, he was in his (#13) and tripped while walking to the his rolling walker and he chose to transfer and ambulate by himself since he felt he can do that, and that he tripped over the marble threshold from the carpeted the tiled which is raised approximately 0.25-0.5 " from the floor. He did not know if the facility was aware of the threshold being a potential tripping hazard, but he believed that it was since it hung up his walker.

g) In an interview with the Administrator on at 4:40 PM, she stated that Resident #3 on for walking by himself without calling for help and was not aware that the threshold in the was a factor to him tripping that day. The facility then decided to move his to the care station from to and he has yet to return from the nursing home, as of the date of the survey.

h) In an interview with Resident #7 in on at 1:15 PM, she stated that she ' s currently receiving physical and they taught her how to transfer and to be more independent; she feels safe and they assist her with ambulation when she needs to go to the they come by her door regularly to check up on her. She also stated that she has no trouble going over the small "

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bump " threshold in the doorway to her knows it is there. In an observation on at 1:20 PM, the front door had a yellow star to indicate that the resident was in the falling star program and there was a marble threshold from the carpeted tiled was less than 0.5 " in height.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Lighthouse Inn South
3305 SE 5th Street
Pompano Beach, FL 33062

RE: CCR #2013008238

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2013 by a representative 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 , **2012** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Wesley Thorp, Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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