STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943023	09/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lighthouse Inn North	3208 N.E. 11 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
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2013005164, was conducted on . . . . . Lighthouse Inn North, had deficiencies found at the time of the visit.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review, it was determined the facility's meals were not nutritionally adequate. The meals were not prepared by the use of standardized recipes, and the facility failed to maintain a 3-day supply of non-perishable food on hand at all times.

During the review of the approved menu for the week of , review of non-perishable food supply and observation of the lunch of , the following were revealed:

1) During the review of the approved menu for the lunch meal of , it was noted that 1 cup portion of baked ziti with a 3 ounce meat (beef) was to be served. At the request of the surveyor, the standardized recipe for the baked ziti with beef was requested by the surveyor for review. Following the review it was noted that the recipe documented a 4 ounce portion of protein (beef) was to be served and the recipe documented 15 pounds of ground beef for a yield of 40 servings (portions). Interview with the facility cook revealed that only 5 pounds of ground beef were utilized in preparation of 30 portions of the entree. A . . . . . of the protein revealed that each serving of the entree would yield only 2.5 ounces of protein per portion.

2) During the interview with the facility cook on . . . . . at 10:30 AM, the surveyor requested the standardized recipes that would be utilized for the preparation of menu items for the week . . . . . A review of the facility's recipe book revealed there were no standardized recipes available for the following entrees; . . . . & onions (Lunch (Lunch stew with chicken (Lunch (Dinner baked fish with herbs (Lunch salad (Dinner , beef teriyaki (Lunch , ravioli (Dinner , pork loin (Lunch and navy bean stew with 3 oz. protein (Dinner . Further interview with the cook revealed the staff member was unaware that standardized recipes should be utilized and followed for all meal preparation to ensure that the nutritional needs of the residents were being met.

3) During the observation of the facility's non-perishable food supply on . . . . . accompanied with the facility cook, it was noted that the only non-perishable food supply on hand included only 20 gallons of bottled water, 6-10 oz. cans of ravioli, and 5-32 ounce cranberry juice. The cook stated to the surveyor that the emergency food supply was recently utilized for the residents and had not been replaced. The surveyor informed the cook that the 3-day non-perishable supply needed to be maintained at all times. It was also discussed the non-perishable food supply lacked the following to meet the residents nutritional needs: (1) milk source, protein/meat source, vegetable source, fruit source, and starch source.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943023	09/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lighthouse Inn North	3208 N.E. 11 Street Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0120-Fiscal - Financial Stability 58A-5.021(1) FAC
Based on interview and observation it was determined the facility was not being administered on a sound financial basis in order to ensure adequate resources to meet resident needs. Specifically, the facility was determined to have delinquent accounts for the purchase of food and the facility is required to make all food purchases by cash only. The facility also failed to maintain financial records for review to ensure financial stability.

The findings include:

During an interview with the acting Administrator on , at 9:30 AM, concerning the purchasing of resident food supplies, the following was revealed:

1) Since 2013 all food supplies are purchased locally by cash only at [food company] and [store]. The staff member stated that an estimated food cost is 2-3 times each week and the facility's main office issues a check to the Administrator. The check is cashed by the Administrator and the foods are purchased by cash 2-3 times per week. It was also revealed that deliveries of food by [food company] ceased approximately in - 2013. The Administrator believed that the corporation failed to pay their bill and credit deliveries ceased. The facility failed to plan the menu at least one week in advance and only maintains a fresh and frozen food supply for the menu of approximately 2 days ahead.

2) On representatives for [food company] were interviewed by telephone. One of the company's representative was local and the other 2 representatives worked for the national chain. All 3 of the interviews revealed that the facility failed to make payment on outstanding bills around the month of and the facility would no longer make deliveries for credit payments. The facility's account was turned over to the legal department for collection. The representatives could not give the exact dollar amount owed but believed the facility owed over $10,000 dollars to the company.

3) At the request of the surveyor, the Administrator was asked for documentation of all the facility's assets and liabilities and also requested copies of payments of phone bills, electric/power bills, and water for the last 6 months. The Administrator stated that she did not have access to the requested information and contacted the corporate office for the requested information. The surveyor was informed that it would take 2-3 days to have the financial information faxed to the State Agency for review. Therefore, the information was not available during the survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Lighthouse Inn North
3208 N.E. 11 Street
Pompano Beach, FL 33062

RE: CCR #2013005164

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 , **2013** 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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924