

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/16/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 05/15/2014
NAME OF PROVIDER OR SUPPLIER Lighthouse Inn North	STREET ADDRESS, CITY, STATE, ZIP CODE 3208 N.E. 11 Street Pompano Beach, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-05/15/2014
0077-Staffing Standards - Administrators-05/15/2014
0152-Physical Plant - Safe Living Environ/other-05/15/2014
0162-Records - Resident-05/15/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey revisit, CCR #2014004325, was conducted on 05/15/2014 at Lighthouse Inn North. All previously cited deficiencies were found corrected at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 21, 2014

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

RE: CCR #2014004325

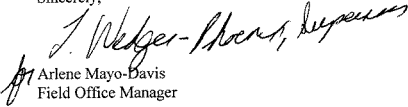
Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on May 15, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

