

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 05/16/2014  
FORM APPROVED

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

**Revisit Corrected Tags:**

0007-Admissions - Criteria-05/15/2014  
0025-Resident Care - Supervision-05/15/2014  
0030-Resident Care - Rights & Facility Procedures-05/15/2014  
0165-Risk Mgmt & Qa; Adverse Incident Report-05/15/2014

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced licensure complaint survey revisit, CCR #2012000774, 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 #2012000774**

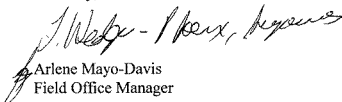
Dear Administrator:

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

