STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943023	08/06/2014
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - _ _ _ _ S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on _ _ at Light House Inn North. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 3 out of 3 residents (Resident # 1, # 4 and # 11) observed during medication pass.

The findings include:

1) Observations of assistance with self- administration of medication on _ _ at 12:34 PM found Resident # 1 receiving the following medications: tab 50 mg and _ _ tab 0.3 mg. On _ _ at 12:34 PM, observations found Staff A, the Assisted Living Manager, assisted Resident # 1, with self - administration of medications. Staff A sanitized her hands and reviewed the Medication Observation Record (MOR) for Resident # 1. Staff A poured Resident # 1 medications into a small dixie cup and handed it to the Resident # 1. Staff A observed Resident # 1 swallow his medications but did not state the names of the medications to Resident # 1. Staff A did not sign the MOR immediately after observing the resident swallow his medication.

2) Resident # 4 received the following medication at 12:30 PM: lopa/L 25- 100 MG. On _ _ _ _ at 12:30 PM, observations found Staff A, the Assisted Living Manager, assisted Resident # 4, with self - administration of medications. Staff A sanitized her hands and reviewed the Medication Observation Record (MOR) for Resident # 4. Staff A poured Resident # 4 medications into a small dixie cup and

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handed it to the Resident # 4. Staff A observed Resident # 4 swallow his medications, but she did not state the names of medications to Resident # 4.

3) Resident # 11 received the following medication: cap 100 mg . On at 12:40 PM, observations found Staff A, the Assisted Living Manager, assisted Resident # 11, with self - administration of medications. Staff A sanitized her hands and reviewed the Medication Observation Record (MOR) for Resident # 11. Staff A poured Resident # 11 medications into a small dixie cup and handed it to the Resident # 11. Staff A observed the Resident # 11 swallow his medications, but she did not state the names of medications to Resident # 11.

During an interview on at 2:10 PM , Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged the errors found during the medication observation.

In an interview with the Administrator on at 2:15 PM, she acknowledged the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review, the facility failed to ensure that 2 out of 4 staff members (Employee B and E), submitted an annual statement from a physician, indicating that the person was free from and communicable .

The findings include:

On a record review of Employee B's personnel record revealed a hire date of , as the facility's Administrator. A record review of Employee E's personnel record revealed a hire date of as a Care Giver. Further record review of Employee B and E files lacked documentation from a physician indicating the employee is free from and communicable .

During an interview on at 2:14 PM, the Administrator stated she did a test, but she does not have a statement on file documenting that she is free from and communicable . At 2:45 PM, the Administrator gave the surveyor an expired test reading and statement dated for . At 2:50 PM the Administrator was informed that the expired statement was unacceptable. On at 2:50 PM, the Administrator acknowledged the findings and stated no further information was available

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for review.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service training, for 1 out of 4 sampled staff records reviewed (Staff E).

Findings Include:

Record review of Staff E's personnel record revealed her date of hire was . Further review revealed Staff E's file lacked documentation indicating the employee had completed the following in-service training: Incident Reporting.

In an interview with the Administrator on at approximately 3:35 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding for 1 out of 4 sampled staff records reviewed (Staff E).

The Findings:

A record review conducted on revealed that Staff E date of hire as . Further record review revealed no documentation indicating the employee had completed an 1 hour in-service training in the facility's policy and procedures regarding within 30 days of employment.

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In an interview conducted on at 3:35 PM, the Administrator acknowledged the finding. She stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 2014 by representatives 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 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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