STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	10/01/2014
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)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-10/01/2014
0078-Staffing Standards - Staff-10/01/2014
0081-Training - Staff In-Service-10/01/2014
0083-Training - First Aid And Cpr-10/01/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/01/2014
0090-Training - Do Not Resuscitate Orders-10/01/2014
0093-Food Service - Dietary Standards-10/01/2014
0161-Records - Staff-10/01/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up licensure survey was conducted on 10/01/14 at Lighthouse Inn South. The facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2014

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

Change of Ownership Survey Revisit

Dear Administrator:

This letter reports the findings of a change of ownership survey revisit conducted on October 1, 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.

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

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