

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 02/09/2015
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)		

List of Tags Cited:

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Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint surveys, CCR #2014011577 and CCR #2015000838, were conducted on 02/05/2015 and 02/09/2015 at Lighthouse Inn North. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 18, 2015

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

RE: CCR #2014011577 and CCR #2015000838

Dear Administrator:

This letter reports findings of a complaint surveys that were conducted on February 5, 2015 and February 9, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

