STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943023	08/17/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015005214, was conducted on 8/17/15 at Lighthouse Inn North Assisted Living. The facility had deficiencies found at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on interviews and observations, it was determined the facility failed to ensure that all mechanical, electrical and structural systems and appurtenances are maintained in good working order. This is evident of a loose in 1 out of 1 observed (Building., 1,) and that toilets did not properly flush and were free of environmental hazards in 8 out of 18 (Building. 1, 3, 4, 5, 7, 13 and Building. 2, 2, 8 and 12).

The Findings Include:

During an observational tour conducted on / beginning at 9:05 AM, the following concerns were noted:

Building 1

a) -Missing toilet bolt caps leaving rusty screws exposed. Substantial rust on floor around base of toilet. -mount sink is not secured properly. Coming loose from the wall.
b) - Missing toilet bolt caps leaving rusty screws exposed. Toilet seat too big for toilet bowl. Does not fit properly.
c) - Missing toilet bolt caps leaving rusty screws exposed.
d) - Toilet makes loud noise coming from tank after flushing.
e) -Toilet does not flush properly. Keeps running after three minutes, you have to jiggle the float and handle arm to make it stop.

Building 2

a) - Missing toilet bolt caps leaving rusty screws exposed
b) - Toilet does not flush properly. Toilet ran for three minutes after flushing and continued.
c) - Missing toilet bolt caps leaving rusty screws exposed.

The Administrator stated on / / at 10:35 AM,

that she is not aware of any current plumbing problems, including issues with the toilets. The

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Administrator acknowledged the findings after the interview when a subsequent tour was conducted with her present.

Resident #1 stated on / / at 11:12 AM that she sometimes leans on the bathroom sink and it is loose. She is afraid it will come off the wall. At this time, the Administrator stated she was made aware of the sink problem this morning after receiving a text from a staff member. The Administrator acknowledged the problem.

Resident #2 stated on / / at 11:23 AM that her toilet does not always flush. Resident #2 stated the lid is heavy when she has to take it off and jiggle the parts. She stated after this is done, the toilet flushes 2-3 times before she has to lift the lid and try fixing it again. She has not seen the toilet overflowing; however, it does not flush appropriately.

In an interview conducted on / at 11:35 AM, Resident #3 stated his toilet always makes a loud noise when it flushes. He stated the noise bothers him. Resident #4 stated the noise wakes him up when Resident #3 flushes the toilet.

Resident #5 stated on / / at 11:42 that she ' s lived here a few months. She stated the toilet will not always flush and just continues running. She stated the toilet has not overflowed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

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

RE: CCR #2015005214

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on [illegible], 2015 by a representative 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than [illegible], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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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