| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11943023** | **01/11/2016** |
| 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 initial Limited Mental Health (LMH) licensure survey was conducted on 1/11/2015 at lighthouse Inn North. The facility had deficiencies found at the time of the visit.

**0152 Phvsical Plant - Safe Living Environ/Other**

Based on observation and interviews, the facility failed to provide a safe living environment for 5 of 40 residents (# 1, #2, #3, #4, #5) residing at the facility. This was evidenced by visible lack of maintenance, cleanliness and required repairs in those resident's .

The findings included:
During the tour of the facility conducted on / / at approximately 1:45 PM, it was noted that some of the ' carpets were in disrepair.
1) The carpet in building 2 was observed to be very dirty and in disrepair, the cluttered and the scent in the overbearing. Resident interview, at this time, revealed that not only the carpet has been in that condition for months, but her shower too has been very dirty and the aides refused to clean it. She also said that her toilet seat has been broken for a while (picture taken). She added that despite her complaints nothing has been done. She consequently is moving out of the facility.

2) Suite #6 ' s carpet was observed to be in the same deplorable condition. Additionally, the smelt stuffy and the air conditioner was not working.

3) # (upstairs) was observed to be tiled. However, there were many broken tiles in the middle of the a real hazard for the residents who acknowledged that the facility had been made aware of the situation for many months.

4) # and 12 (downstairs) were observed offering a similar picture as suite 6 and . Their carpets were heavily soiled and dirty. In all, they were noted to be in very unsafe and unsanitary conditions.
During an interview with the Administrator on / / at around 4:00 PM, she reported that she was not aware of these conditions although many of the interviewed residents affirmed that the issues had been reported.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

**RE: Limited Mental Health (LMH**

Dear Administrator:

This letter reports the findings of a Initial State Licensure Survey that was conducted on , 2016 by a representative from this office.

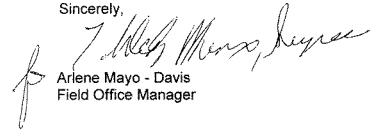
Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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.

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Sincerely,



Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90