STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	02/10/2016
NAME OF PROVIDER OR SUPPLIER **LIGHTHOUSE INN SOUTH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3305 SE 5TH STREET** **POMPANO BEACH, FL 33062**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Unannounced licensure complaint surveys, CCR #2015012337 and CCR #2015011524, were conducted on 2, 2016 and 10, 2016 at The Lighthouse Inn South. The facility had deficiencies at the time of the investigations.

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to ensure the resident's health care providers and representatives were contacted when the residents exhibited a significant change or were discharged, for 2 out of 5 sampled residents (Resident #4 and #5).

The findings include:

a) On / at 2:00 PM, the Administrator stated during interview that Resident #4 had moved out of the facility to a private home, but did not know who if anyone had assisted him with the discharge. She provided a name and phone number of a friend of the resident's. She stated he still has a vehicle and drives.

The discharge log listed the resident's place he was discharged to as an address with the name of an unidentified person. Review of the resident's records showed a contact name for a "cousin" with no phone number or address listed on the face sheet. The resident's observation notes indicated no identification of the resident's family or friends.

On / at 9:00 AM, the friend of the resident stated during interview by phone that he had not heard from the resident and did not know where the resident had been for the last year. He had not been contacted by anyone at the facility when the resident was discharged to an apartment.

During an interview with the discharged resident by phone on / at 1:30 PM revealed the resident is alert and oriented, and independent with activities of daily living. He stated he had moved into his own apartment on with assistance from his landlord (named on the discharge log).

The facility failed to contact the resident's family or friend to notify them of his discharge on .

b) On , Resident #5 while at the facility and was sent to the emergency assessment and treatment as applicable. Review of the observation notes revealed no documentation that the facility had contacted the resident's representative or health care provider.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	02/10/2016
NAME OF PROVIDER OR SUPPLIER **LIGHTHOUSE INN SOUTH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3305 SE 5TH STREET** **POMPANO BEACH, FL 33062**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On 10/10/15, the resident while at the facility and was sent to the emergency room for assessment and treatment as applicable. Review of the incident report dated 10/10/15, showed the resident's son was contacted on this date. The form did not indicate that the resident's health care provider was contacted (blank).

During interview with the resident's representative on at 12:24 PM, he stated the facility did not contact him when the resident on / until she was being discharged the same date back to the facility from the hospital. He also stated that the facility did not notify him at all of the on / /, and that he became aware of the resident's transfer to the hospital from another family member (not the resident's representative).

These findings for both residents (#4 and #5) were discussed with the Administrator during interview on / at 4:00 PM. The Administrator was unable to show that the appropriate parties were notified of a significant change or discharge for these residents.

Class III

0077 Staffing Standards - Administrators

Based on interviews and record review, the facility failed to ensure a qualified Manager was designated for the operation of the Administrator's second facility.

The findings include:

On at 1:00 PM, the Administrator stated during interview that she did not have a Manager designated for this facility or another ALF (assisted living facility) she was the Administrator for. She stated she had a "supervisor" (Staff C) who had not yet taken and passed the CORE exam. Review of Staff C's personnel file verified the CORE training exam had not been completed. During review of the Agency's database, it was revealed that the Administrator was listed as the administrator for two ALFs. The Administrator acknowledged these findings during interview.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	02/10/2016
NAME OF PROVIDER OR SUPPLIER LIGHTHOUSE INN SOUTH (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3305 SE 5TH STREET POMPANO BEACH, FL 33062	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0078 Staffing Standards - Staff

Based on interviews and record review, the facility failed to develop a written job description for each staff position and provide a copy of the job description to each staff member, for 1 out of 1 sampled staff members (Staff C).

The findings include:

On / at 12:30 PM, Staff C confirmed during interview that he was the Manager in charge of this facility. On at 1:00 PM, the Administrator stated during interview that Staff C is a "Supervisor" for this facility and had not yet taken and passed the CORE exam. Review of Staff C's personnel file a dated hire as / and no job description for Staff C (for a Manager or Supervisor) was noted within the file. The Administrator acknowledged these findings during interview.

Class III

0160 Records - Facility

Based on record review and an interview, the facility failed to maintain an accurate admission and discharge log with all required components, for 1 out of 3 sampled residents (Resident #5).

The findings include:

Review of the "communication log" notes for Resident #5 showed the resident was admitted to a facility on . However, the admission log indicated the resident was admitted to this facility on . The log also showed the resident was admitted from "own home" with the address listed.

On at 1:30 PM, the Administrator stated during interview that Resident #5 was living in another ALF (assisted living facility) before being admitted to this ALF. She acknowledged that the admission log was inaccurate with the resident's home address as the place the resident was admitted from on / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2015011524 and #2015012337

Dear Administrator:

This letter reports the findings of a 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.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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