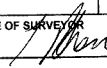


STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11942965	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/13/2016
NAME OF FACILITY LIGHTHOUSE INN SOUTH (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 3305 SE 5TH STREET POMPANO BEACH, FL 33062

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC	Correction Completed 10/13/2016	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 10/13/2016	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 10/13/2016
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 10/13/2016	ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	Correction Completed 10/13/2016	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 10/13/2016
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 10/13/2016	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 10/13/2016	ID Prefix A0161 Reg. # 429.275(2) FS; 58A-5.024(2) FAC LSC	Correction Completed 10/13/2016
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 10/13/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 10/16/10	SIGNATURE OF SURVEYOR 	DATE 10/17/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/22/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
--	--



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 17, 2016

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

Dear Administrator:

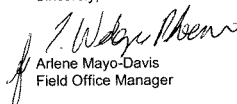
This letter reports the findings of a state licensure survey revisit conducted on October 13, 2016 by a representative of this office.

Attached is the provider's copy of the State Form, Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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/dso

Enclosure: State form revisit report

DT9D

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