STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	**09/28/2016**
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

An unannounced complaint survey (#2016007349) was conducted on-09/28/2016 at Lighthouse Inn South. (License #7127). The facility had no deficiencies identified at the time of the visit.