STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	**05/10/2018**
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 standard relicensure survey was conducted on [redacted] at Lighthouse Inn, South, License # 7127. The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure the accuracy of the the Florida Health Assessment form, (form 1823), which includes the mental and physical status of a resident, including the identification of any health-related problems and functional limitations, for 2 of 3 sampled residents (Resident # 2 & #6) .

The findings included:

1) On [redacted] a review of the AHCA 1823 form was conducted for Resident # 2. She is a [redacted] female suffering from the following diagnosis: [redacted], Hypercholestrermia, [redacted], and [redacted]. She is independent with bathing, ambulation, toileting, eating, dressing, and transferring. She requires assistance with self-care [redacted].

A review of the Demographic sheet for Resident # 2 reveals she was admitted into the facility in [redacted]. The Florida Health Assessment form is dated [redacted], completed form the previous facility. The facility has failed to obtain a new AHCA 1823 form for the resident due to new admission.

2) Review of Resident #6's file, s revealed that the health assessment form was missing the following items:

a) There was no date observed of when the face to face examination was completed.

b) In the section that states can the individuals needs be met in an assisted living facility? No boxes were checked off.

c) In the section that's does the individual need help taking his or her medications? It is left blank.

d) The type of assistance the resident requires with medications is left blank.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	**05/10/2018**
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)

During an interview with the Administrator and the Supervisor at 2:00 PM , the findings were discussed and acknowledged. No additional documentation was provided for review.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the facility failed to provide evidence of a negative response for a exam.
The facility also failed to provide evidence of a statement verifying that a staff member is free of a communicable for 1 of 4
staff member records reviewed (the Administrator).

The findings included:

On a review of the personnel record for the facility Administrator. The Administrator was hired on . A review of the medical form for ( ) and Communicable (CD) revealed the last exam date was conducted on . It reveals the test have expired.

On at 01:30 PM, an interview was conducted with the Administrator. He acknowledged the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that 2 of 3 sampled staff who provides direct care to residents had their required in-service trainings within 30 days of employment (Staff B & Staff A).

The findings include:

Review of the Personnel file for Unlicensed Staff (Staff B) on hire date of revealed the following:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	**05/10/2018**
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)

1. No Emergency preparedness & Evacuation training Certificate observed in the file.
2. No certificate for Incident reporting training observed in the file.
3. No Recognizing and Reporting , Neglect & , training certificate observed in the file
4. No Policies and Procedures training certificate observed in the file.
5. No Resident rights training observed in the file.

Review of the Personnel file for Unlicensed Staff (Staff A) on hire date of revealed the following:

1. No Emergency preparedness & Evacuation training observed in the file.
2. No certificate for Incident reporting training.
3. No Recognizing and Reporting , Neglect & , training observed in the file.
4. No Policies and Procedures training observed in the file.
5. No Resident rights training observed in the file.
6. No control training was observed in the file.

During an interview with the Supervisor and The Administrator at 2:00 PM on , the missing trainings for Staff A and B was acknowledged and discussed, no additional documentation during this time was provided for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review and interview, the facility failed to provide a safe, clean living environment maintained free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	**05/10/2018**
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)

While touring the facility on between the times of 10:00 AM and 11:30 AM, the following was observed:

1) is observed to have scuff marks on the wall with peeled paint. Observations of the shower drain revealed missing tiles surrounding the drain in the shower.

2) Observations of revealed that the resident has multiple boxes piled up on top of a walker and a chester drawer that is unsafe. Upon interviewing the resident the surveyor brushed some of the boxes when walking by and the walker in which the things were piled upon began rolling.

3) was observed to have cracked tile in the doorway that poses a hazard upon residents walking in and out the shoes on.

4) the door knob is missing off of the door

5) the door knob missing off of the door

During an interview with the Administrator on at 11:46 AM it was stated that Resident #5 has a lot of stuff and he suggested the boxes were put on the walker so that she will not hurt herself physically moving the boxes, but it was supposed to be a temporary solution. It was further stated that he will call her brother to come get some of her stuff.

During an interview with the Supervisor and The Administrator at 2:00 PM on , the physical plant concerns was acknowledged and discussed, no additional documentation during this time was provided for review.

Class III

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, the facility failed to maintain personnel records for 1 of 4 staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	05/10/2018
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)

members, (Specifically, the Administrator).

The findings included:

On a review of the personnel record for the facility Administrator reveal the job description, the employment application, and high school diploma. The Administrator was hired on .

On at 01:30 PM, an interview was conducted with the Administrator. He acknowledged the findings.

Class

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to submit the emergency management plan for approval to the local emergency management agency.

The findings included:

On a review of the facility records revealed the facility Comprehensive Emergency Management Plan (CEMP) dated had expired. The facility must review its emergency management plan on an annual basis and submit to the local emergency management division.

On at 02:00 PM, an interview was conducted with the Administrator of the facility. He acknowledged the findings and stated he was planning to submit the application.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain an updated Background Clearing House Employee Roster for 5 of 12 employees currently employed in the facility (Staff E, Staff F, Staff G and Staff H).

The findings included:

On a review of the on-line Background Clearing House Roster was conducted. It was determined the following facility staff that were currently employed in the facility were not added to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	**05/10/2018**
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)

Roster to ensure all criminal checks are conducted. The list includes: The Administrator, Staff E, Staff F, Staff G and Staff H. These staff members provide direct care to the residents of the facility.

On [redacted] at 01:30 PM, an interview was conducted with the Administrator. He acknowledged the findings He stated he was having problems with his on-line ID and password for this system. He assured the Surveyor that he would update the Roster.

Class III