

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 05/09/2018
NAME OF PROVIDER OR SUPPLIER LIGHTHOUSE INN NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3208 N.E. 11 STREET POMPAHO BEACH, FL 33062	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018002525, was conducted on _____ at Lighthouse Inn North, License # 8339. The facility had a deficiency identified at the time of the survey.

This survey was conducted inconjunction with the Relicensure survey, on the same date. See separate report for findings.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on interview and record review, it was determined the facility failed to ensure a resident met the admission criteria and that the facility could met the care needs (including nursing needs) of a resident upon admission, for 1 of 3 sampled Residents (Resident # 1).

The findings include:

On _____ a review of the records in the facility, it was determined that the facility staff recalled Resident # 1 being transported into the facility on _____ by non-emergency transport at approximately 07:15 PM. The facility did not have any paperwork on the Resident. The facility failed to obtain the Florida Health Assessment (1823 form) which contains the following information: Known _____, Medical history and diagnosis, Physical and sensory limitations, _____ or behavioral status, Nursing treatment/ _____, service requirements, and Special precautions. The form also contains information regarding the residents Activities of Daily Living (ADL's), Special conditions, Medication assistance needs, Resident appropriateness in an Assisted Living Facility (ALF), Independent Activities of Daily Living (IADL's), Current medications and Medical Certification.

Further review revealed the facility did nit have a Demographic form which includes the Resident's Name, address, phone number, emergency contact information, physician contact, insurance information, payer source and Admission and Discharge information.

On _____ at 01:00 PM, an interview was conducted with Med Tech, Staff A. She stated the previous Nurse admitted Resident #1 without an AHCA form 1823 assessment from the Physician. They did not have a medical form, medications or any other medical information. The Resident was admitted at night. The Nurse was notified that the facility could not keep him because he said he was _____ The Administrator was out of town and did not know about the situation. No further information was _____

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 05/09/2018
NAME OF PROVIDER OR SUPPLIER LIGHTHOUSE INN NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 3208 N.E. 11 STREET POMPAÑO BEACH, FL 33062	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
known. She says the Resident must have come in about 10:00 p.m. She stated she was not on duty that night, On at 01:30 PM, an interview was conducted with the Administrator. She stated she was on vacation at the time of the event. She stated she did not know anything about the admission of this resident. She stated he just showed up on the door of the facility without any notice or paperwork. She does not know who told this resident that they should be discharged to their facility. She stated she suspected the Nurse, Consultant, whom did whatever she pleased. She says they were not able to treat anyone without any admission paperwork or Department of Children and Families (DCF) emergency placement by policy. She says her staff did the right thing by immediately sending him back where he came from; his previous Rehabilitation Center. During an interview on at 01:45 PM with the facility Cook, revealed he was told by the RN that evening shift that a resident was expected to come in for admission. He stated he left a dinner plate for him. He says the following morning when he came into work; he went to the resident's asked if the resident wanted a plate for breakfast. The resident refused to eat in the dining his own personal reasons. The cook further stated that he is positive the resident was offered food and drink because he was on duty. On at 02:00 PM, an interview was conducted via phone with the RN She located the paperwork. She says the owner admitted the resident into the facility. She says the Director placed the Resident there and she could not produce the paperwork. During an interview on a phone interview was conducted with Staff E and Staff F who worked the evening shift from 2:00 PM - 8:00 pm. They both indicated the Resident was coming into the facility when they were leaving. They indicated the residents had no documentation They also confirm that the Resident had been sent over by the Nurse Consultant via non-emergency transport. They indicated the next day shift they came into work; they heard the Resident had been sent back to the rehab. On at 02:15 P.M., an interview was conducted with the facility Owner, of the facility. He stated he does not know how the resident was brought to the facility, He says he may have given the okay, but he does understand that the proper admission procedure was not followed.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/20/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 05/09/2018
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)		
Class III		