STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943023	R 08/16/2018
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)

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on at Lighthouse Inn North, License #8339. The facility had uncorrected deficiencies at the time of the visit.

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

Based on observation, interview and record review, the facility has failed to provide evidence of 1 of 2 sample staff memeber receive the required in-service training within 30 days of employement.

The findings included:

During a record review of the employee's training file reveal no evidence of Staff C (hire date of) of the following in-services including number of hours listed on certificate.:
1) Emergency prepardness and evatuation
2) Incident reporting
3) , Neglect and

During an interview with the Administrator on at 11:30AM, she confirmed the findings and no further information was provided.

Class III

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

Based on observation, interview and record review, it was determined that the facility failed to provide a current (submitted annually for review) approval letter for the facility's Comprehensive Emergency Management Plan (CEMP) from the local Emergency Management Division.

The findings included:

A record review of the last approval letter from the local Emergency Management Agency/Division for the facility's Comprehensive Emergency Management Plan (CEMP) revealed it was dated with an expiration date of .

A request was made on from the Administrator to provide the facility's current approved CEMP. The facility was unable to provide the requested information. During an interview with the Administrator

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on at 11:30AM, she confirmed the findings and no further documents or information was provided.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on interview and record, the facility failed to maintain the proper documentation required for a limited mental health(LMH) licenses for one or more residents in the Assisted Living Facility. As evidence of the facility failure to identify properly all LMH residents residing at the facility.

The findings included:

on , a review of the Admission and Discharge log provided by the facility revealed that none the LMH residents that reside at the facility was identified on the log. When requesting additional information that identifies the LMH resident none of the facility's staff was able to find or produce the documentation. On a request was made of the Administrative Staff at 10:00 AM to provide the list of all those Residents identified as Limited Health Residents. The request was made through the following day (, 2018) at 1:00 PM. They stated they did not have a specific list and/log for the LMH residents.

On at 10:00 AM, an interview was conducted with the Administrator. She stated she figured all of the current residents were all limited mental health residents. She stated she doesn't know what qualifies the residents as LMH. She went on to state that they did not give anyone Occupational Supplemental Support ( ) monies. She stated they just gave everyone an allowance from their check for personal items. She stated they do not keep any records of the allowances given to the Residents. She indicated that she did not know there was a difference between Supplemental Support Income (SSI) and Social Security , Income (SSDI) .

The facility did not have the following required documents for an LMH facility: Resident assessment, Resident living support plan, assist residents with carrying out the plan, private mental health provider contract,

On at 01:00 PM, an interview was conducted with the Executive Director. He stated he was new in his position. He stated he would have to look into all of these things and get a consultant to help him understand SSI, and SSDI. He acknowledged the findings. He stated he made sure the

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SUMMARY STATEMENT OF DEFICIENCIES
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Residents had some spending money every month out of their check.

On , during an interview with the Administrator revealed the facility still had not identified the LMH residents , including maintain an LMH admission and discharge log. Therefore, the facility was unable to provide the required documentation for identified LMH residents residing in the facility. This includes the , agreement and the community support plan, type of income the LMH resident is receiving, health assessments as it relates to the residents LMH .

During an interview with the Administrator on at 11:30AM, she confirmed the findings and no further information provided.

Class III