STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	R 08/21/2018
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 relicensure revisit survey was conducted on . . . . at Lighthouse Inn South, License #7127. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 1 of 3 sampled employee records reviewed (Administrator).

The Findings Included:

During the re-visit survey on , a personnel record review of the Administrator file (hire date) did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually. Further record review revealed the last MD statement found in record was dated , only states free of communicable . . . . . ; no current statement.

During an interview, with the Administrator, by phone during the re-visit survey on at 10:00AM, he confirmed the findings.

Class III

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

Based on employee record and interview, it was determined that the facility failed to ensure and meet the necessary requirements for compliance for the Administrator. There was no documented evidence of an employment application and a High School Diploma or equivalent found in the Administrators employee record.

The findings included:

During a revisit survey on , an employee record review was conducted for the Administrator (hire date of) and there was no documentation contained within the employee file of an employment application and a High School Diploma or equivalent as required for compliance for the Administrator.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

An interview with the Administrator by phone on ... was conducted, and he confirmed the findings.

Class

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

Based on record review and interview, the facility failed to provide a current approval letter from the local Emergency Management Division for the facility's CEMP comprehensive emergency preparedness plan.

The findings included:

On .. a review of the facility records revealed the facility's Comprehensive Emergency Management Plan (CEMP) dated ... had expired. As of ..., the facility had not submitted the CEMP to the local emergency management division for review and approval as confirmed by the Administrator.

During an interview with the Administrator, by phone on ... at 10:10AM, he stated that the facility has to correct apparent violations in order to resubmit the facility's CEMP comprehensive emergency preparedness plan to the local Emergency Management Division. The facility has to find an evacuation location and obtain a contract. Once that is completed, the facility will re-submit its emergency preparedness plan to the local Emergency Management Division for approval. The Administrator confirmed as of ..., the plan was still expired and that the facility did not have proof a current CEMP.

Class III