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 complaint revisit survey, CCR #2018002525, was conducted on 8/16/2018 at Lighthouse Inn North, License #8339. The previously cited deficiency was found corrected at the time of the survey.