

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/28/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 11/02/2018
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 wellness monitoring visit survey was conducted on 11/2/2018 at Lighthouse Inn North, License # 8339. The facility had no deficiencies identified at the time of the survey.