

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943023	(X3) DATE SURVEY COMPLETED 05/17/2019
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

A Generator Monitoring Assessment survey was conducted on 05/17/2019 at Lighthouse Inn North Assisted Living Facility. The facility had no deficiencies identified at the time of the survey.