Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11943023	A. BUILDING: _____ B. WING _____	R 07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTHOUSE INN NORTH	3208 N.E. 11 STREET POMPANO BEACH, FL 33062

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced third revisit to the Relicensure survey was conducted on . . . . . through . . . . . at Lighthouse Inn North. The facility had an uncorrected deficiencies at the time of the survey. The above Relicensure survey revisit was done in conjunction with a complaint survey revisit and a complaint survey. Please see separate reports for findings.	A 000		
{A 181} SS=G	58A-5.026(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and	{A 181}		

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{A 181}	Continued From page 1 approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of an updated, annual approval letter for the Comprehensive Emergency Management Plan (CEMP) from the local emergency management agency. The findings included: On . . . . . at 09:00 AM, an interview was conducted with the Administrator. She stated she did not currently have the current approval letter for the CEMP. She stated she had to obtain information from Fire Safety before she could submit her plan to the local emergency management agency. The evidence of the most recent CEMP was dated . On at 11:05 AM, a telephone interview was conducted with the Administrator. She confirmed the fact that she had not obtained the current CEMP. Class II	{A 181}		