STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	05/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Hope Of Pinellas	7575 65th Way Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-05/08/2014
0052-Medication - Assistance With Self-Admin-05/08/2014
0163-Records - Resident, Penalties For Alteration-05/08/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-05/08/2014

Revisit New Tags:

0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

Assisted Living Facility

A revisit to complaint surveys, CCR# 2014001850 & CCR# 2014002130, was conducted on 05/08/14.

The Good Hope of Pinellas, assisted living facility, had a new deficiency at the time of the revisit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to maintain an accurate and up-to-date Medication Observation Record (MOR), documenting each dose or missed dose of medication for two of three sampled residents (Resident #1 and Resident #2).

Findings include:

A review of the MOR for for the residents of the facility revealed the following:

The MOR for Resident #1 for indicated that Resident #1 was prescribed -Salmon 200 Units, "Use 1 spray in each nostril daily." The MOR was not signed or initialed for the 8:00 AM dose on and there was no explanation as to why on the front or back of the MOR.

According to the MOR, Resident #2 was prescribed 100 MG "Take 1 tablet by mouth twice daily." The MOR was not signed or initialed for 8:00 AM on and there was no explanation as to why on the front or back of the MOR.

The Resident Care Director was interviewed on at 2:25 PM. She stated that if there was no explanation on the back of the MOR, the residents got the medication but the staff person assisting with medications likely forgot to sign the MOR.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Good Hope of Pinellas
7575 65th Way
Pinellas Park, FL 33781

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on . 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were corrected and the new deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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