AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A revisit to a a complaint survey, CCR# 2014011971, of , was conducted on , in conjunction with three complaint surveys, CCR# 2015003306, 2015003347 & 2015003911.

The Good Hope of Pinellas, assisted living facility, had an uncorrected deficiency at the time of the visit.

0123 - Fiscal - Resident Trust Funds - 58A-5.021(2) FAC

Based on review and interview, the facility failed ensure that written accounting procedures are in place for resident funds, and must include income and expense records for 4 (out of 4) residents whose records were reviewed.

Findings include:

A Review on . . . . . at approximately 3:00p.m., of Resident #1, #2, #3 and #4 records, revealed that the facility has no accounting procedures which include income and expense records, including the source and disposition of funds, in place to track 3 (out of 4) resident's Resident #1, #2, #3 social security checks and 1 (out of 4), Resident #4 guardianship check in which the facility is the payee.
A Resident Funds Log is in place for 4 (out of 4) resident's for monthly spending monies.

An Interview on . . . . at approximately 3:30p.m. with the Administrator, confirmed, there is no income or expense records kept for the monthly Social Security checks for Resident #1, #2, #3, and Resident #4's monthly Guardianship checks. The Administrator stated that a separate written accounting procedure will be implemented, and maintained monthly.

Class . .

Uncorrected

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Revisit & **CCR# 2015003306, 2015003347, & 2015003911**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and three complaint surveys that were conducted on . . . 18, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected deficiency that was identified relative to the revisit and the deficiency identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies 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

Enclosures: State (5000-3547) Forms

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