

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967604	(X3) DATE SURVEY COMPLETED 08/03/2015
NAME OF PROVIDER OR SUPPLIER GOOD HOPE OF PINELLAS	STREET ADDRESS, CITY, STATE, ZIP CODE 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 complaint survey, CCR# 2015004604, in conjunction with a biennial state licensure survey with limited nursing services (LNS), was conducted on 8/3/15.

Good Hope of Pinellas, assisted living facility, had no deficiencies identified relative to the complaint survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2015

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

RE: Biennial w/LNS & CCR# 2015004604

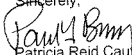
Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on August 3, 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit and identified relative to the biennial with LNS. 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than August 22, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Kaufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

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