AH Form Approved
8/18/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967604

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
8/7/2015

Name of Facility
GOOD HOPE OF PINELLAS

Street Address, City, State, Zip Code
7575 65TH WAY
PINELLAS PARK, FL 33781

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	Correction Completed **08/07/2015**	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	Reviewed By [signature]	Date: 8/15/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
6/18/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 18, 2015

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

Dear Administrator:

This letter reports the findings of a revisit survey and a second revisit survey conducted on August 7, 2015, by representative(s) of this office. Enclosed is the provider's copy of the Revisit Report, which indicates the deficiency identified relative to the revisit survey was corrected and the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the second revisit.

The deficiency shall be corrected no later than September 18, 2015.

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. Should you have any questions please call **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

FDR Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 5000-3547

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