STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	R 08/07/2015

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

An unannounced second revisit to the complaint survey, CCR# 2014011971, was conducted in conjunction with a revisit to the complaint survey, CCR# 2015003911, on 8/07/15.

Good Hope Of Pinellas, had an uncorrected deficiency identified relative to this second revisit.

0123 Fiscal - Resident Trust Funds

Based on record review and Interview the facility failed to ensure that required accounting procedure for in place for resident funds, which included expense records for 3 (out of 3) resident's records reviewed.

Findings include:

An review on 8/7/2015 of resident #1, #2 and #3 records revealed no documentation of no accounting procedures, income or expenses documented in resident records.

An interview with the Administrator on 8/7/2015 at 9:51 a.m. revealed there are no accounting procedures which include income expenses records, including the source and disposition of residents funds, of 3 out of 3 resident records reviewed for resident trust funds residents #1,#2, and #3. The Administrator, confirms there are no systems in place for monitoring resident trust funds at this time. The Administrator states," I'm just going to be honest with you, I do not have any information of resident trust funding, logging or documentation's that I can provide to you at this time, give me a week or so."No further information was provided at this time.

Class IV

Uncorrected

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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 5000-3547

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