AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	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 biennial state licensure survey with limited nursing services (LNS) was conducted in conjunction with complaint survey, CCR# 2015004604, on .

Good Hope of Pinellas, assisted living facility, had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to maintain a clean and decent living environment with proper sanitation for its residents.

Findings include:

During a biennial survey (in conjunction with complaint CCR# 2015004604) conducted on , the facility's 2 public rest (also utilized by residents) were observed. Both rest appeared to be dirty with grime on the floors. The rest had a strong odor and both had an absence of soap in dispensers and towels to dry hands.

An interview was conducted at 11:10 A.M. with Staff E. Staff E was asked to observe the rest 500 feet from the front desk. When asked what she thought about the rest 's condition, she stated that it's dirty and needs soap and paper towels.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to substitute a food item of comparable nutritional value, note the substitution before or when the meal was served, and maintain a 3 day supply of water as required for emergency conditions.

Findings include:

During a food service review conducted on , it was discovered that Staff D substituted 3 bean salad for for the registered dietitian approved food item of cole slaw. The 3 bean salad served was not of comparative nutritional value of cole slaw, which consists primarily of cabbage.

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of the meal substitution record showed the last entry date of .

An interview with Staff D at approximately 12:00 P.M. was conducted. When asked why today's substitution was not noted, Staff D stated that she makes substitution notes after the meal is served.

A review of the facility's 3 day emergency food and water supply was conducted at approximately 12:50 P.M. with Staff A. It was discovered at this time that there was no emergency supply of water to be used in the event of a local disaster or emergency. Staff A stated that the facility at one time had collapsible water storage containers but the are no longer here.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August , 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 , 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 identifed 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 , 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,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

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