| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967604 | 12/15/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**GOOD HOPE OF PINELLAS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7575 65TH WAY**<br>**PINELLAS PARK, FL 33781** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

Assisted Living Facility Complaint

On through a complaint investigation (CCR# 2015012018) was conducted at Good Hope of Pinellas Assisted Living Facility. Deficiencies were identified at the time of the visit.

**0078 Staffing Standards - Staff**

Based on interviews and record reviews the facility failed to obtain a written statement from a health care provider showing the staff was free from communicable for 1 of 4 (Staff A) sampled staff. The facility failed to document evidence of a negative examination on an annual basis for 1 of 4 (Administrator) sampled staff.

Findings Included:

On at 11:15 AM a record review was conducted for the employee file for the Administrator. The Administrator had documentation from an Advanced Registered Nurse Practitioner dated / documenting the Administrator was free from communicable and had a negative test.
On at 1:30 PM an interview was conducted with the Administrator. The Administrator was provided with the last date of her documentation and stated " I am due for a new one. "
On at 11:15 AM a record review was conducted for the employee file for Staff A. Staff A was hired on . Staff A did not have a written statement from a health care provider documenting that she does not have any signs or symptoms of communicable .
On at 1:30 PM an interview was conducted with the Administrator. The Administrator stated she was not aware that Staff A did not have a signed statement in her file documenting that she was free from communicable .
Class III

**0081 Training - Staff In-Service**

Based on interview and record review the facility failed to provide in-service training regarding reporting major incidents, facility emergency preparedness and evacuation training, resident rights, recognizing and reporting resident , neglect and , control, elopement response, providing assistance with activities of daily living and behavioral needs, for 1 out of 4 (Staff A) sampled staff.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings included:

On at 11:15 AM a record review was conducted for the employee file for Staff A. Staff A was hired on . Staff A had no trainings in her employee file.
On at 1:30 PM an interview was conducted with the Administrator. The Administrator stated Staff A had not received any of the required in-service trainings.

Class III

**Z815 Background Screening: Prohibited Offenses**

Based on interview and record review, the facility failed to ensure that 1 out of 5 (Staff D)sampled staff who have contact with the residents received a Level II background screening and had been found to be eligible to work in an assisted living facility.

Findings Included:

On at 11:15 AM a record review was conducted for the employee file for Staff D. Staff D did not have a Level II background screening in the employee file.
On at 11:45 AM a review was conducted of the Agency for Health Care Administration Background Screening unit website. Staff D was not located on the website.
On at 1:30 PM an interview was conducted with the Administrator. The Administrator stated that Staff D had not been sent to have a Level II background screening. The Administrator stated she was not aware that a maintenance worker needed to have a Level II background screening. The Administrator stated Staff D does have unsupervised access to resident , the residents' belongings, the common areas, and unsupervised contact with the residents.

Unclassified

**Z816 Background Screening-Compliance Attestation**

Based on interview and record review, the facility failed to ensure that 1 out of 5 sampled staff (Staff C) who had a 90-day break in employment that required a Level II Background screening obtained a new Level II background screening prior to having contact with residents in the facility.

Findings included:

On at 11:15 AM a record review was conducted for the employee file for Staff C. Staff C was

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| 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)

hired at the facility on / . Staff C was employed in a position that required a Level II background screening from 2013 through 2013. Staff C left employment and was not employed in another position that required a Level II background screening until , 2014. Staff C had a Level II background screening in the employee file dated / .
On at 11:45 AM a review was conducted of the Agency for Health Care Administration Background Screening unit website. Staff C was located with a background screening dated / .
On at 1:30 PM an interview was conducted with the Administrator. The Administrator stated she was not aware of the requirement that a new Level II background screening must be obtained after a 90-day break in employment from a position requiring a Level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

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

**RE:** Revisit & **CCR# 2015012018**

Dear Administrator:

This letter reports the findings of a second state licensure revisit survey and a complaint survey that were conducted on 8-15, 2015, by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiency was corrected relative to the Revisit, and the State (5000-3547) Form, which indicates the deficiencies that were identified relative to the complaint survey. 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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.

St. Petersburg Field Office
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St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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,

Paul K Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 5000-3547