STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**04/25/2016**
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#2016001791) was conducted on . The Good Hope of Pinellas assisted living facility had deficiencies at the time of the visit.

0152 Physical Plant - Safe Living Environ/Other

Based on interviews and observations, the facility failed to ensure that linens and personal washcloths and towels were provided to residents in need of them, were readily available and free of tears and stains.

Findings included;

On , 2016 at 9 AM, the number of residents in the facility at the time of the survey was 32. Based on interviews with 10 random residents and three staff members on duty, the facility provides bed linens and personal washcloths and towels to the residents. Although there were an adequate number of bed linens available for 32 residents, some of them were observed to be stained, and/or

The facility's 2 linen supply closets and laundry a total of 8 towels and 2 washcloths. Ten resident were observed to contain 9 towels and 10 washcloths. Interviews with Staff B and Staff C revealed that they do not believe there are enough towels or washcloths in the facility for the number of residents they have. They stated that they only have 1 working washing machine and 1 working dryer. Both staff members and the Administrator said that the facility needs 2 washing machines and 2 dryers in order to wash and dry the current supply of linens, washcloths and towels for all residents. At times, they have to wait for a wash and dry cycle in order to shower residents. This means that they cannot keep to the current schedule. Staff B stated that this "backs staff up" and makes it hard to provide the proper care and services to residents in a timely manner and makes it difficult for staff to get all of their work done. She stated that if the week-end staff do not do laundry then residents must wait for their showers on Monday until the towels and washcloths are washed and dried.

During an interview with the Administrator at 11:30 am, she stated that she purchased 16 washcloths with her personal money on . 6 washcloths were observed in her desk drawer. When asked why these washcloths were not being used, she stated that she forgot about them and didn't realize that the facility was so low on them on the day of the survey.

CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016001791

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. 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.

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 Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000, Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
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