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

A follow up visit to CCR #2016001791 was conducted at Good Hope of Pinellas on . Good Hope of Pinellas had uncorrected deficencies and new deficiencies at the time of the visit. Facility license #11615

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 and were readily available and free of tears and stains.

Findings included:

During the tour an inspection of the facility's linen closets was conducted. There were a total of 22 wash clothes and 14 bath towels available for the residents to use.
- # 1B, #2 B, #4A, #4B,#5A, #5B, #6A, # 9A, #12A, #12B, #15 A, #15B, 19A, 20A, did not have wash cloths or towels available.
On an interview with staff A at 10:15 AM, when asked why so many residents did not have wash clothes or towels available when there were wash clothes in the linen closet. Staff A stated that there aren ' t enough wash cloths and towels in the facility to pass out to all the residents. She stated the staff waits until the resident asks for a towel or wash cloth to give them one and they normally don ' t put wash cloths or towels in the resident .
The staff stated the facility has one washing machine that was in working condition. Some of the towels and wash clothes could be in the laundry stated that one washer and dryer is not enough to keep up with the laundry for the facility.
10:20 AM during a tour of the laundry was confirmed there was only one washer that worked and it was full. There were blankets and bed linens in baskets waiting to be washed. There was laundry, blanket and linens sitting on the floor in front of the washing machine. Residents ' laundry was lined up waiting to be washed. The dryer was located in a separate the hall, it was full of bed linens.
Resident interviews conducted confirmed that residents did not receive wash clothes and towels. One resident was using a kitchen sponge to wash his face and shower.
Uncorrected Deficiency

0181 Emergency Plan Approval

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

Based on record review and interview on the facility failed to ensure to submit for review and approval to the local emergency management agency it's emergency plan on an annual basis.

Findings Included:

During the review of facility records it was revealed that the facility had a letter dated , 2016 from the Pinellas County Emergency Management informing the facility that it was not in compliance for 2015.
A follow up phone call on at 3:00PM with the emergency management it was confirmed that the facility was still not in compliance..

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain an employee roster with the employment status of all employees of the facility within the clearinghouse.

Findings included:

On at 11:00AM a record review was conducted of the employee roster for the facility on the Agency for Health Care Administration Care Provider Background Screening Clearinghouse website. The only name registered was the administrator that no longer is employed at the facility.
On at 11:38 AM a record review was conducted of the facility's list of all current employees. The administrator terminated on is listed as employed, all other staff were not listed.
On at 2:00 PM PM an interview was conducted with the Staff A . The med/Tech was not aware of the employee roster on the Care Provider Background Screening Clearinghouse or that the facility was required to maintain an employee roster with the employment status of all employees of the facility within the clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 this office at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

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

BBT7

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