AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**09/09/2016**
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 #2016009442), was conducted from 08/31/2016 through 09/09/2016 at Good Hope of Pinellas, License #11615, 7575 65th Way, Pinellas Park, FL, in conjunction with a revisit survey, (X2HH12), and a 2nd revisit survey, (CT8713). Although the complaint was substantiated, no new deficiencies were cited under the complaint survey. Related uncorrected deficiencies were cited under CT8713, (A0152), and X2HH12, (A0093).

September 19, 2016

Administrator
Bethel Health INC dba Good Hope of Pinellas
7575 65th Way
Pinellas Park FL 33781

Dear Administrator:

This letter reports the findings of a complaint survey conducted August 31-September 14, 2016, by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's request as directed below:

The inspection resulted in findings of non-compliance in the following areas:

A0152 – Physical Plant – Safe Living Environment. **Class II.**
A0181 – Emergency Plan Approval. Uncorrected **Class III**.

The facility must comply with the following:

1) Your facility must correct all deficiencies cited in the Pinellas Park Fire Department inspection dated 08/31/2016. This must be completed **IMMEDIATELY.**
2) The facility must have the roof inspected and repaired to ensure that the roof is free of leaks. The facility must comply with local authorities regarding the repairs to ensure the work is legally permitted and completed by a licensed contractor. This must be completed by **October 3, 2016.**
3) All rooms that have a shower must have hot and cold water. All toilets in the building must be operable. All bathrooms in the facility must contain toilet paper, paper towels, and soap. This must be completed by **October 3, 2016.**
4) The facility must provide copies of satisfactory inspections by both the fire department and the health department. This must be completed by **October 30, 2016.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact **Ms. Laura Manville**, Survey and Certification Support Branch, at (727) 552-1955 or **Paul Brown**, St. Petersburg Field Office, (727) 552-2000.

Sincerely,

Paul G Brown

for Paul F. Brown
Health Facility Evaluator Supervisor