STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**07/11/2017**
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# 2017004431), was conducted at Good Hope of Pinellas, Assisted Living Facility, in conjunction with two revisit surveys on 7/11/2017. Good Hope of Pinellas, Assisted Living Facility, had no deficient practice identified relative to this survey. Deficiencies were identified relative to the revisit surveys.

(License # 11615)