STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	R 07/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HOPE OF PINELLAS	**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 fourth revisit to the complaint survey, (CCR# 2016001791), was conducted at Good Hope of Pinellas on . Good Hope of Pinellas, Assisted Living Facility, had uncorrected deficiencies at the time of the visit.

(License # 11615)

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to review their emergency plan annually and submit the plan to the local emergency management agency for approval after changes.

Findings included:

Administrator was interviewed at 12:17 PM on and asked for a copy of the approval letter for the facility's emergency management plan from the local emergency management agency. Administrator did not provide any documentation of a review or approved emergency management plan. The administrator stated that they did not submit the facility's emergency management plan to the local emergency management agency because its takes time and she's not sure if she is submitting it to the required agency.

A review of the Agency's internal data system revealed that the administrator has been the administrator of record since 2016. This is a change in staff contact for the facility's emergency responsibilities.

Class III (uncorrected)