

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/05/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967604</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>09/20/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD HOPE OF PINELLAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7575 65TH WAY<br/>PINELLAS PARK, FL 33781</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>A monitoring visit was conducted at Good Hope of Pinellas Assisted Living Facility on . . . . . Good Hope of Pinellas Assisted Living Facility had deficient practice identified at the time of survey .</p> <p>(License # 11615)</p> <p><b>0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC</b></p> <p>Based on on record review and interview the facility failed to demonstrate operating on a sound financial basis (including timely payment of staff) and failed to ensure financial records were readily available upon request, to determine the facility's financial stability.</p> <p>Findings included:</p> <p>During a interview with the assistant administrator on . . . . . at 11:13 A.MI, the assistant administrator confirmed the facility's payroll cycle. The assistant administrator confirmed all employees are scheduled to received their paychecks every two weeks. The most recent pay day scheduled was for . . . . ., however the facility did not pay their employee until six days beyond their pay schedule on . . . . .</p> <p>On . . . . . 11:55 am in an interview with Staff D, Staff D confirmed she's had concerns with being paid on her scheduled payday. Staff D confirmed on the most recent payday she wasn't paid on time. Friday . . . . . 2017 was identified as her payday, however Staff D confirmed she was not paid until Thursday . . . . . Staff D stated the owner told staff the hurricane was the reason staff didn't get paid on time. Staff D stated, " this isn't the first time this has happened, we have to go to the bank right away when we get our paychecks or the money isn't there. I just want my money on time." Staff D could not recall the exact dates in the past when she didn't get paid on schedule, but confirmed it happens often.</p> <p>On . . . . . at 12:23 P.M. when asked if there have been any concerns with getting paid on time, Staff</p> |                                                                                           |                                                     |

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/05/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967604</b>               | (X3) DATE SURVEY COMPLETED<br><br><b>09/20/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD HOPE OF PINELLAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7575 65TH WAY<br/>PINELLAS PARK, FL 33781</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |                                                     |
| <p>B, stated, "Yes! we have had multiple problems with being paid on our scheduled pay date." Staff B confirmed she was supposed to get paid on Friday . . . . . However, she never received her pay until . . . . . or later. Staff B, stated "I have never been told why we were not paid on time." She stated, "this has happened at least four times since I been working at the facility." Staff B confirmed she has thought about no longer working at the facility. Staff B confirmed the following date she received a delay in her paycheck: On . . . . . 2016 she was scheduled to be paid but wasn't paid until . . . . . 1st 2017, scheduled to be paid on . . . . . 2017 however didn't receive her pay until . . . . . 2017, scheduled to received a paycheck on . . . . . 11th 2017, not paid until . . . . . 2017, scheduled to received her pay check on . . . . . 2017, never paid until . . . . . , 2017.</p> <p>Facility financial records were requested on . . . . . at 12:30 P.M. The facility administrator stated the facility financial records including monthly bank statements, current bills, and payroll deposit were not available for review. No further information was provided at this time.</p> <p>On . . . . . at 12:50 PM in a phone interview with the facility owner, the facility owner confirmed the facility paychecks were delayed for the month of . . . . . 2017. The owner stated the banks were not open therefore staff weren't able to get paid until . . . . . ; however staff should have been paid on . . . . . Surveyor requested the past three months of banks statements and payroll payments at this time. The owner stated he would provide them as soon as his bookkeeper is back to work on Friday . . . . . However, none are available for review at this time.</p> <p>Class III</p> <p><b>0181 - Emergency Plan Approval - 58A-5.026(2) FAC</b></p> <p>Based on interview and record review, the facility failed to submit an emergency management plan, to the local emergency management agency, for review and approval.</p> <p>Findings included:</p> <p>Administrator was interviewed at 11:30 A.M. 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 an approved emergency management plan. The administrator stated they are still in process of completing a plan as of . . . . .</p> |                                                                                           |                                                     |

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/05/2017  
FORM APPROVED

|                                                                                                                    |                                                                                           |                                                        |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF<br>DEFICIENCIES                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967604</b>            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/20/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD HOPE OF PINELLAS</b>                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7575 65TH WAY<br/>PINELLAS PARK, FL 33781</b> |                                                        |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)            |                                                                                           |                                                        |
| <p>A record review was attempted of the emergency management plan but no plan was available .</p> <p>Class III</p> |                                                                                           |                                                        |