STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**11/13/2017**
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

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted at Good Hope of Pinellas, an Assisted Living Facility, (License # 11615), in Pinellas Park, Florida. Good Hope of Pinellas had a deficiency at the time of the visit.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and staff interview, the facility failed to employ or contract with a nurse who must be available to provide Limited Nursing Services (LNS)needed by residents.

Findings included:

During a tour of the facility conducted beginning on at 9:30 AM, a review was conducted of the facility license. The license indicated the facility had the LNS specialty license.

On that same date, a review was attempted of the employee file for the facility nurse. No file was available for review as the administrator indicated the facility did not employ or contract with a nurse.

In an interview on at 12:10 p.m. the Administrator stated, regarding the LNS (Limited Nursing Services) license, "I didnt know it was reapplied for."

Class III