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

A revisit to a monitoring visit was conducted at Good Hope Pinellas Assisted Living Facility on in conjunction with a monitoring visit for Limited Nursing Services. Good Hope of Pinellas Assisted Living Facility had deficient practice identified at the time of survey.

(License # 11615)

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on on record review and interview the facility failed to ensure adequate accountable resources to meet residents needs pursuant to the requirements and failed to demonstrate that the facility was operating on a sound financial basis.

Findings included:

Facility financial records were requested on at 11:09 A.M. during a phone interview with the owner, the owner confirmed the facility financial records such as monthly bank statements were mixed with his personal financial records and expenses. The owner asked if he could extract personal items that would display on bank official statements description lines prior to documents being provided to surveyor.

On at 11:40 A.M. upon review of the facility banks statements covering , , 2017 through , 2017, the facility was charged a $12.00 fee for this period. Reasons showed the following; a minimum daily balance of $1,500.00 was required, however the facility did not meet this requirement. The daily balance showed $58.15. The review also revealed a charge of a returned item fee of $34.00 on .

On 11:40 A.M. upon review of the facility banks statements, it was identified the facility was charged a refund of returned items fee charged $34.00 on . Upon review of , 2017 through , 2017 bank statements, it was discovered in sections labeled; "other withdrawals." date description section, " Deposited Item Returned NSF(insufficient funds)."

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SUMMARY STATEMENT OF DEFICIENCIES
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Upon further review of banks statements covering , 2017 through , 2017 , under sections tabled" fees" it was discovered that banks statement covering , , 2017 through , 2017. The facility was charged a $12.00 fee for this period. Reasons showed the following; a minimum daily balance of $1,500.00 was required, however the facility did not meet this requirement. The daily balance showed negative $-313.91.

On 12:11 P.M. during on interview with staff A, staff A stated she is afraid she may not be paid in the near future.

On Staff B confirmed she has worked at the facility for less than a year as a caregiver. However, always had concerns with being paid timely. Staff B stated "we have to always rush to the bank, to ensure the funds are available for our pay." Staff B stated she is very afraid the owners may go back to not paying them on time.

Class III (uncorrected deficiency)

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on on record review and interview the facility failed to ensure a safe and decent living environment in compliance with local fire laws.

Findings included:

On 11:01 a.m. per interview with the facility administrator, the administrator stated she could not produce a copy of a certified emergency management plan. The facility is awaiting a fire approval for past violations with the local fire department authority. Per the administrator interview, the fire regulations concerns are related to an unknown part needed involving the suppression systems. Therefore, until they come into compliance with fire regulation requirements, the certified emergency management plan will not be approved.

The facility could not produce a copy of a satisfied fire inspection at this time. Most recent report provided read " in part, dated: . "Violation listed Emergency lighting needs repair/ replace, Fire extinguisher out of date, suppression system needs repair/replace." The results section reads; "violations requires returned visit with 30 days."

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

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

Based on interview and attempted record review, the facility failed to submit an emergency management plan, to the local emergency management agency, for review and approval on an annual basis.

Findings included:

Administrator was interviewed at 10:14 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 certified emergency management plan. The administrator stated they can not get an official approval from the local fire department until they are in compliance with the yearly inspection with the local fire department. The administrator stated they have "pieces" of an emergency plan in place however; at this point, no official plan is available for review.

Class III