STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	R **01/22/2018**
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 second revisit was conducted on to a Monitoring for Financial Stability & Residents Well-Being 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.

(License # 11615)

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

Based on record review and interview the facility failed to demonstrate that it was operating on a sound financial basis and had resources to meet resident's needs pursuant to the requirements.

Findings Included:

On at 11:20 a.m., financial records were requested to review. Facility staff produced no documentation of facility financial records for review. The facility demonstrated no record of financial stability.

Facility financial records were requested on at 10:49 A.M. during a phone interview with the owner. The owner confirmed the facility financial records such as; monthly bank statements, monthly expenses and financial files should be available upon request. The owner stated he would have to extract his personal items that would display on bank official statements description lines prior to being provided. However, no such documentation were provided upon request.

On at 1:15 p.m. in an interview with Staff B, Staff B confirmed she is a resident aide and has worked at the facility for less than a year. Staff B stated she has concerns with being paid timely and is afraid she may not get her paycheck. Staff B is very unhappy and just would like to not have to worry about not getting her paycheck on time. Staff B stated she has bills that she needs to pay and is in panic each payday.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III (uncorrected)

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

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.

Findings Included:

On at 9:45 a.m, a review of facility records showed no documentation of a approved certified emergency management plan in place.

On at 12:00 p.m. the administrator confirmed during at interview, "I know we have one, but I don't know where it is." "We dropped it on Friday of last week to be approved, but we are missing a few pieces of paper, therefore it's not been reviewed or approved yet."

No further documentation was provided.

Class III (uncorrected)