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 revisit was conducted on 1/22/2018 to a 11/13/2017 monitoring visit in conjunction with a second revisit to a 9/20/17 Monitoring for Financial Stability & Resident's Well-Being at Good Hope of Pinellas, Assisted Living Facility, on 1/22/2018. Good Hope of Pinellas , Assisted Living Facility, had no deficient practice related to the revisit to the monitoring survey.

(License # 11615)