

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967604	(X3) DATE SURVEY COMPLETED 04/10/2018
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 An unannounced Monitoring Visit for Resident's Well-Being & Financial Stability was conducted at Good Hope of Pinellas (License #11615) on 4/10/18. No deficient practice was cited at the time of this visit.		