

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967604	(X3) DATE SURVEY COMPLETED 05/08/2018
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 Monitoring for Closure survey was conducted at Good Hope of Pinellas Assisted Living Facility on 05/08/2018. License: 11615		