STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**05/25/2018**
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 complaint survey (CCR#2018007383), in conjunction with monitor visit for closure, was conducted at Good Hope of Pinellas (License# 11615), an assisted living facility in Pinellas Park, Florida. There were dificiencies identified at the time of the visit.

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on interview and record review, the facility failed to furnish an accurate record of monies provided to discharged residents (#9, #14, and #31) for their monthly allowance, and the facility failed to ensure that deposited personal allowance for one (#31) of three discharged residents were maintained separate from the Facility's account.

Findings included:

During interview with the Administrator, on , at 12:09 p.m., she stated that the facility did provide Residents #9, Resident #14, and Resident #31, with money for their personal allowance. The Administrator confirmed that she did not maintain any documentation of each time the monthly allowance was provided to the residents.

On , at 01:12 a.m., the Administrator confirmed that she did not have access to, or records of payment made to, or by any residents.

During interview with the Administrator, on , at 11:42 p.m., the Administrator provided copies of deposited check for Resident #31 dated for review, and confirmed that the checks were deposited in the Facility's financial account. The Administrator did not know why she cashed the check and stated, "I knew we had to give him a refund. I figured we have to cash it in order to refund it." The reasoning was because when checks are mailed, it is usually returned to the sender. The Administrator confirmed that Resident #31 was owed a total refund of $1212.10 for lodging and $54 personal allowance. Administrator confirmed that residents' checks were deposited in the Facility's financial account.
Review of the facility's discharge log confirmed that Resident #31 was discharged on .
Review of the deposited check confirmed that the check was cashed on , after Resident #31's discharge.

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Class III