

AGENCY FOR HEALTH CARE
ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965776	(X3) DATE SURVEY COMPLETED 11/08/2016
NAME OF PROVIDER OR SUPPLIER LEPE'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 524 HIGHLAND STREET, NORTH SAINT PETERSBURG, FL 33701	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey was conducted at Lepe's Home Assisted Living Facility on 11/8/2016. Lepe's Home, Assisted Living Facility, had no deficient practice identified at the time of survey.

(License: 10104)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 21, 2016

Administrator
Lepe's Home
524 Highland Street, North
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey that was conducted on November 8, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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