STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965776	**11/15/2018**
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

On , a biennial relicensure survey was conducted at Lepe's Home (Lic. #10104). Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, one of two residents sampled (#4) who had been at the facility at least 30 days had not yet obtained an official examination report from a health care provider.

Findings included:

A resident record review during the 11/15/2018 inspection found that Resident #4, admitted , had no formal health assessment completed by a health care provider (physician; physician's assistant; advanced registered nurse practitioner) available for review. Interview with the administrator at 12:40pm on provided no clarification for this omission.

Class III