STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965776	R **01/11/2019**
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

A follow-up visit to a biennial survey was conducted at Lepe's Home (Lic. #10104) on . . . . . Lepe's Home had an uncorrected deficiency at the time of the visit.

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

Based on record review and interview, one of one resident sampled (#1) who had been at the facility at least 30 days had not obtained an official assessment report from a health care provider.

Findings include:

A resident record review during the revisit revealed that Resident #1, admitted to the facility , still had no official health assessment completed by a health care provider (physician; physician's assistant; advanced registered nurse practitioner) available for review.

Interview with caregiver staff at 11am on . . . confirmed that this documentation was unavailable.

Interview with the administrator at 11:30am further confirmed that the required health assessment for Resident #1 still had not been procured.

Class III