

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965776	(X3) DATE SURVEY COMPLETED R 05/02/2019
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

A revisit survey was conducted on 05/02/2019 at Lepe's Home an Assisted Living Facility in St. Petersburg, FL. There were no deficiencies at the time of the survey.