STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965776	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lepe's Home	524 Highland Street, North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

A biennial state licensure survey was conducted on

Lepe's Home, had deficiencies identified at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview, one of two residents whose files was reviewed (#7) did not necessarily meet minimum admission criteria for an ALF setting.

Findings Include:

A review of Resident #7's record during the survey found a health assessment indicating "total care" with respect to dressing. In addition, this 1823 form stated that the resident required "medication administration." In an interview with the administrator at approximately 1:40pm on , she verified that she had no licensed staff to administer medications and could not provide any clarification regarding Resident #7's "total care" evaluation pertaining to dressing.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, two of two caregiver staff sampled (A; B) had not received official training in the facility's policies and procedures regarding within 30 days of employment.

Findings Include:

A review of personnel files during the survey indicated that neither Staff A nor Staff B, hired and , respectively, had any formal documentation verifying that they had been trained regarding the facility's policies and procedures pertaining to . Interview with the administrator at approximately 1:10pm on confirmed that this training documentation was missing from these files.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview, the facility was not following the correct planned menu cycle.

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	AL11965776	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lepe's Home	**524 Highland Street, North Saint Petersburg, FL 33701**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings Include:

At approximately 11:55am on . //. . , the noon-time meal was observed to be ham & potato soup, sliced tomato, sliced pickles, and peaches. Review of the menu indicated tuna salad sandwich, sliced tomato, sliced pickles and peaches. Further inspection found a "master menu" with reference dates regarding when to follow Cycles 1-4. According to this menu reference, Cycle 4 was for //- //. However, the Cycle 2 menu (re: . . -) was posted and the facility had substituted from this menu; the tuna sandwich had been planned for the lunch time meal for Wednesday, //. Thus, it was unclear how long the facility had been following the wrong menu cycle. Interview with staff and the administrator at approximately 12:30pm on // provided no clarification regarding this discrepancy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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