STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965776	R 03/12/2019

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A second revisit to an . . . . . biennial survey was conducted on . . . at Lepe's Home. At the time of the survey, the facility had deficient practice.

License # 10104

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

Assisted Living Facility

Based on record review and interview, thr facility failed to ensure records for three (#1, #2, #3) of three sampled records had a completed and accurate health assessment for each resident.

Findings Included:

During record review of Resident #1's record on . at 1:00pm it was revealed that Resident #1's health assessment dated stated the resident was total care, and needed administration of his medication. The resident care aide stated the resident can feed himself and assist when he needed to stand.
Record review of Resident #2's heath assessment did not have any indication as to the level of assistance the resident needed to receive medication.
Resident #3 did not have a complete health assessment as Resident #3's health assessment had no indication of the level of assistance needed for medication.

During an interveiew with Staff on on beginning at 11:50 am, Staff A stated the health assessments provided were the only documentation available. Staff A also confirmed only unlicensed staff asssisted Residents #1, 2 and 3 with medication.

Class III