STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967731	09/29/2015
NAME OF PROVIDER OR SUPPLIER **LORIG & LORIG**	STREET ADDRESS, CITY, STATE, ZIP CODE **3131 GATLIN DRIVE** **ROCKLEDGE, FL 32955**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation (CCR#2015007672) was conducted from to at Lorig & Lorig Assisted Living Facility, at 3131 Gatlin Drive, Rockledge. A deficiency was found at the time of the visit.

0167 Resident Contracts

Based on record reviews, interviews and observations the facility, in addition to failing to issue a refund, also failed to have contracts with a refund policy that conforms to Section 429.24 (3) FS for 1 (Resident #1) out of 9 sampled residents (Resident's # 2,3,4,5,6,7,8 and 9).

Findings:

1. During an interview on at 9:00 am with Resident#1's family member, it was confirmed he paid the facility for the full month of 2015. He stated Resident #1 on , 2015 and he collected Resident #1's belongings on May17th, 2015.

2. During an interview on at 11:15 am with the Administrator revealed the facility has a policy that in case of there are no refunds for the remaining days.

3. During a review and observation on of Resident#1's admission package, it revealed that the facility has a policy that states "in the event of , no refund will be due for the month that the occurs". Further review shows that the family member signed and dated the admission package on .

4. During a review on of Resident's #2, #3, #4, #5 and #6 revealed the same refund policy was stated in their admission package. Further review of former Resident's 7, #8, and #9 also concluded the same refund policy was in their admission package.

5. During a review on of Section 429.24 (3) FS, which states 'The contract shall include a refund policy to be implemented at the time of the resident's discharge, transfer or . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. . . . . ., 2015

Administrator
Lorig & Lorig
3131 Gatlin Drive
Rockledge, FL 32955

RE: CCR #2015007672

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on . , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than . . . . . ., 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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