STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967731	R
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

Follow up revisit survey conducted on / . Lorig and Lorig has a deficiency that remained uncorrected.

0162 Records - Resident

A0162 Remained Uncorrected

Based on record review and interview the facility failed to record weights semi-annually for 4 of 4 sampled residents (#1, #2, #3 and #4).

Findings:

Record review for residents #1, #2, #3 and #4 revealed the last weight recorded was in 2015. Weights were due to be taken in 2015 but were not recorded in the book.

During interview on at 4:30 PM with staff B (designee for administrator) stated she was not sure of the dates on the weight log. Staff B also stated that all residents are wheelchair bound and unable to stand on a scale.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967731 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LORIG & LORIG	3131 GATLIN DRIVE ROCKLEDGE, FL 32955

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4		DATE Y5	ITEM Y4		DATE Y5	ITEM Y4		DATE Y5
ID Prefix	A0008	Correction	ID Prefix	A0010	Correction	ID Prefix	A0025	Correction
Reg. #	429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. #	429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. #	429.26(7) FS; 58A-5.0182(1) FAC	Completed
LSC			LSC			LSC		
ID Prefix	A0026	Correction	ID Prefix	A0030	Correction	ID Prefix	A0081	Correction
Reg. #	58A-5.0182(2) FAC	Completed	Reg. #	58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. #	58A-5.0191(2) FAC	Completed
LSC			LSC			LSC		
ID Prefix	A0082	Correction	ID Prefix	A0083	Correction	ID Prefix	A0084	Correction
Reg. #	58A-5.0191(3) FAC	Completed	Reg. #	58A-5.0191(4) FAC	Completed	Reg. #	58A-5.0191(5) FAC	Completed
LSC			LSC			LSC		
ID Prefix	A0090	Correction	ID Prefix	AZ816	Correction	ID Prefix		Correction
Reg. #	58A-5.0191(11) FAC	Completed	Reg. #	408.809(2)(a-c) FS	Completed	Reg. #		Completed
LSC			LSC			LSC		
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. #		Completed	Reg. #		Completed	Reg. #		Completed
LSC			LSC			LSC		

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 2/19/12	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
11/17/2015	

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lorig & Lorig
3131 Gatlin Drive
Rockledge, FL 32955

RE: Revisit to relicensure survey

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 15, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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