

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966444</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/02/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LANGDON HALL OF BRADENTON**

**1120 33 AVENUE WEST  
BRADENTON, FL 34205**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint investigation (Complaint Number 2020010812) was conducted at Langdon Hall of Bradenton Assisted Living Facility on in conjunction with a focused _____ control visit. Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A 000               |                                                                                                                          |                          |
| A 162<br>SS=D            | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. _____,<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance _____,<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the health care provider and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in | A 162               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966444</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/02/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LANGDON HALL OF BRADENTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1120 33 AVENUE WEST<br/>BRADENTON, FL 34205</b> |                                                                                                                          |                                                        |
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| A 162                                                                | Continued From page 1<br><br>paragraph 59A-36.007(1)(e), F.A.C.<br>(f) A record that is initiated on admission.<br>Information may be taken from AHCA Form 1823<br>or the resident's health assessment. Residents<br>receiving assistance with the activities of daily<br>living must have their recorded<br>semi-annually.<br>(g) For facilities that will have unlicensed staff<br>assisting the resident with the self-administration<br>of medication, a copy of the written informed<br>consent described in rule 59A-36.006, F.A.C., if<br>such consent is not included in the resident's<br>contract.<br>(h) For facilities that manage a pill organizer,<br>assist with self-administration of medications or<br>administer medications for a resident, copies of<br>the required medication records maintained<br>pursuant to rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the<br>facility, including any addendums to the contract<br>as described in rule 59A-36.018, F.A.C.<br>(j) For a facility whose owner, administrator, staff,<br>or representative thereof, serves as an attorney in<br>fact for a resident, a copy of the monthly written<br>statement of any transaction made on behalf of<br>the resident as required in section 429.27, F.S.<br>(k) For any facility that maintains a separate trust<br>fund to receive funds or other property belonging<br>to or due a resident, a copy of the quarterly<br>written statement of funds or other property<br>disbursed as required in section 429.27, F.S.<br>(l) If the resident is an recipient, a copy of<br>the Department of Children and Families form<br>Alternate Care Certification for _____,<br>_____, (_____), CF-ES 1006, _____,<br>_____, which is hereby incorporated by reference<br>and available for review at:<br><a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a> . The absence of this form will not be | A 162                                                                                       |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LANGDON HALL OF BRADENTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1120 33 AVENUE WEST<br/>BRADENTON, FL 34205</b> |                                                                                                                          |                                                        |
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| A 162                                                                | <p>Continued From page 2</p> <p>the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.</p> <p>(m) Documentation of the . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C.</p> <p>(o) The resident's . . . , DH Form 1896, if applicable.</p> <p>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:</p> <ol style="list-style-type: none"> <li>1. A log listing the names of residents participating in this arrangement,</li> <li>2. The resident demographic data required in this paragraph,</li> <li>3. The health assessment described in rule 59A-36.006, F.A.C.,</li> <li>4. The resident's contract described in rule 59A-36.018, F.A.C.; and,</li> <li>5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.</li> </ol> <p>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period</p> | A 162                                                                                       |                                                                                                                          |                                                        |

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| A 162                                                                | <p>Continued From page 3</p> <p>of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a -to- health assessment with all required data documented as described in rule 59A-36.006 of the Florida Administrative Code as required for three residents (Residents #1, #2, and #3) of three sampled.</p> <p>Findings Included:</p> <p>A record review for Resident #1 conducted on _____, revealed that Resident #1's health assessment form did not include all of the required data. Resident #1's health assessment form did not include diagnosis or if resident's needs could be met in an assisted living facility.</p> <p>A record review for Resident #2 conducted on _____, revealed that the resident's record did not contain a -to- health assessment form.</p> <p>An attempted record review for Resident #3 conducted on _____ revealed that Resident #3's chart could not be provided for review.</p> <p>An interview with the Director of Memory Care was conducted on _____ at 1:33 PM, she confirmed that Resident #1's -to- health assessment was not complete, Resident #2's to health assessment was not in the</p> | A 162                                                                          |                                                                                                                          |                          |                                                        |

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| A 162                                                                | Continued From page 4<br><br>chart, and Resident #3's chart could not be<br>provided.<br><br>Class III                       | A 162                                                                          |                                                                                                                          |  |                                                        |