Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966444	A. BUILDING: _____ B. WING _____	C 04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANGDON HALL OF BRADENTON	1120 33 AVENUE WEST BRADENTON, FL 34205

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint (complaint number 2023006244) was conducted at Langdon Hall of Bradenton on . The facility had deficiencies at the time of survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to immediately update medication observation records (MORs) each time medications were offered and/or provided for three Residents (#1, #10 and #11) of three sampled residents. Findings included: A record review of , MORs for Resident #1 conducted on , revealed that Resident #1 prescribed medications that were documented as given or offered which included (photographic evidence obtained): - , 81 milligrams (mg) on , , & . -Levothyroxin 100mg on , and through . - , 0.5mg on , , through at 8a.m. and and at 5p.m. A record review of , MORs for Resident #10 conducted on , revealed that Resident #10 prescribed medications that were documented as given or offered which included: - , 81 milligrams (mg) on , , & . - , 0.5mg on , , & at 8a.m. and at 5p.m. - , 100mg on , , & . - 100mg on , , & .	A 054		

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A 054	Continued From page 2 A record review of , MORs for Resident #11 conducted on , revealed that Resident #11 prescribed medications that were documented as given or offered which included: - , 600mg on , , through at 8a.m., , , , and at 2p.m., , , , and at 8p.m. - , 10mg on , , through at 8a.m and and at 5p.m. - , 10mg on , , through at 8a.m., and at 5p.m. - 100mg on , , and . During an interview with the Resident Care Manager (RCM), conducted on at 11:24a.m., the RCM agreed that Resident #1, #10 and # , MORs had medications that were not documented as being given or offered to the residents. Class III	A 054		