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 06/01/2023 |

| 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 |
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| A 000 | Initial Comments<br><br>A complaint (complaint numbers 2023007986) in conjunction with a generator monitoring survey was conducted at Langdon Hall of Bradenton on . . . . . Deficiencies were identified at the time of survey. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . or . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . . . . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | A 025 | | |

AHCA Form 3020-0001

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

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| A 025 | Continued From page 1<br><br>resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to ensure the residents power of attorney (POA) and administrator were contacted after 1 (Resident #1) of 1 sampled resident had an incident resulting in injury.<br><br>Findings Included:<br><br>A record review conducted on . . . . . of Resident #1's medical chart revealed Resident #1 had a . on . . . . . resulting in a transfer to a higher level of care and was diagnosed with an injury. Further review of the record revealed Staff I failed to contact the Administrator and Resident | A 025 | | |

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| A | Continued From page 2<br><br>#1's POA.<br><br>An interview was conducted on [redacted] at 10:47am with Resident #1's POA, he stated he was not contacted by the facility when Resident #1 on .<br><br>During an interview conducted on at 12:45pm with the Administrator she confirmed she was not contacted on regarding Resident #1.<br><br>(Photographic evidence obtained)<br><br>Class III | A 025 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, | A 152 | | |

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| A 152 | Continued From page 3<br><br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, . . . or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview the facility failed to ensure the temperature within the facility maintains a temperature below 81 degrees Fahrenheit. Furthermore the facility failed to provide a safe-clean living environment.<br><br>Findings Included:<br><br>During a tour conducted on at 9:00am, the temperature near the elevator and where the hallways forked into two long hallways of resident rooms, felt warmer and according to the fisher brand thermometer the temperature near the elevator read 80.0 degrees Fahrenheit. The temperature within the elevator read 80.4 degrees Fahrenheit.<br><br>During an interview conducted on . . . at 9:11am with Resident #7 he stated the | A 152 | | |

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| A 152 | Continued From page 4<br><br>temperature in the hallways get warm.<br><br>During an interview conducted on . . . . . at 9:15am with Resident #5 she stated it gets warm in the hallways.<br><br>An observation conducted on . . . . . of the 3rd floor memory care dining room at 9:19am the temperature read 81.1 degrees Fahrenheit. One resident was observed sitting within the dining room.<br><br>During an interview conducted on . . . . . at 9:19am with Staff C, she stated it gets really hot. Staff C was observed to be perspirating during the interview.<br><br>An observation conducted on at 9:29am in . . revealed debris was noted on and around the air conditioning (AC) vent.<br><br>During an interview conducted on at 9:29am with Resident #9 she stated the AC vent was dirty and needed to be cleaned.<br><br>An interview conducted on at 9:45am with Staff B, she stated it gets really hot in the hallways during the afternoon.<br><br>An observation conducted on at 9:50am of . . . . revealed two residents resided within the room. A strong odor was noted, and debris was noted on and around the toilet. One of the two beds were observed to have had a tourn mattress cover on the bed. Furthermore, the temperature in was reading 80.9 degrees Fahrenheit.<br><br>During an interview conducted on at | A 152 | | |

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| A 152 | Continued From page 5<br><br>9:55am with Staff B she stated the bathroom in 303 has been like that for days.<br><br>During an interview conducted on at 9:58am with Resident #10 he stated "it gets hot in the hallways, it's terrible. I stay in my room where it's cool."<br><br>An observation conducted on . . . . . at 11:50am revealed the temperature reading near the first-floor elevator was 82.5 degrees Fahrenheit. The temperature within the elevator read 82.4 degrees Fahrenheit and the temperature near read 82.4 degrees Fahrenheit.<br><br>During an observation conducted on . . . . . at 1:12pm while it was storming and raining outside the temperature near . . . . . read 81 degrees Fahrenheit. The elevator read 81.3 degrees Fahrenheit and the first floor reading near the elevator read 81.6 degrees Fahrenheit.<br><br>During an interview conducted on at 1:00pm with the Maintenance Director he stated the air conditioners went out about a year ago.<br><br>During a brief interview conducted on at 1:35pm with the Administrator she acknowledged the debris within the resident rooms.<br><br>(Photographic Evidence obtained)<br>Class III | A 152 | | |