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 11/07/2023

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 (#2023015646, #2023015647 and #2023014683) in conjunction with a generator monitoring survey was conducted at Langdon Hall of Bradenton on . . . . . .Deficiencies were identified at the time of the survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (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: 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 . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (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 . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment that was free of hazards and ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances were maintained in good working order for all residents that resided at the facility. Finding included: An observation conducted on at 9:45 a.m. during a tour of the memory care unit revealed the following: "Resident rooms in memory care unit were disorganized and dirty. "Rooms that had been vacated had old broken left-over furniture from previous residents. "Tiles along the hallway in front of are falling from wall. "Air conditioner in had black bio-growth. "In an , , concentrator and a portable . , , . tank in the living room and two small , , tanks in the closet, along with cigarette buds in the bathroom and the living room area. "Memory care unit activity room observed to have a broken chair and access to a room with old furniture, a refrigerator with maggot larvae and medications from two different residents. The	A 152		

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A 152	Continued From page 2 room did not have a door. " had a strong odor, air conditioner with black bio-growth and broken kitchen cabinets. " had garbage and feces in various areas on the floor. "Broken washing machine on the second floor. (Photographic Evidence Obtained) During an interview conducted on at 1:15pm, the Administrator stated she was not sure why there were expired medications in the refrigerator. She stated that the rooms with the feces in it on the third floor memory care should have been cleaned by housekeeping. She also stated that housekeeping was responsible for cleaning the bio-growth on the air conditioning unit in .The Administrator stated the washer on the second floor has been broken for a couple of weeks and the facility ordered a part for it. The Administrator stated that she would have the Maintenance Director look into all broken furniture and the tiles falling off the wall in the hallways. Class III	A 152		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and	A 165		

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A 165	Continued From page 3 develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in	A 165		

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A 165	Continued From page 4 this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section.	A 165		

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A 165	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit an Adverse Incident Report to the Agency for Healthcare Administration for one (Resident #12). Findings included: A review of the facility incident report logs on revealed Resident #12 was admitted to the hospital for an unwitnessed that resulted with a hematoma on the . The facility failed to submit an Adverse Incident Report after Residents'#12 on . (Photographic Evidence Obtained) An interview with the Administrator, conducted on at 1:15pm, she thought since no one saw the an Adverse Incident Report didn't needed to be completed. The Administrator agreed that an Adverse Incident Report was not submitted to the Agency for Healthcare Administration. Class III	A 165		