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 _____	R 01/03/2025

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 An unannounced revisit to Complaint Survey (complaint # 2024011527) and a generator monitoring survey was conducted at Langdon Hall on . Deficiencies were identified at the time of survey.	{A 000}		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	{A 078}		

AHCA Form 3020-0001

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

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{A 078}	Continued From page 1 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 (Staff A) of 4 sampled staff were free from communicable and ( ). Findings included:	{A 078}		

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{A 078}	Continued From page 2 During a review of employee records conducted on revealed that Staff A who had a hire date of has no documentation she was free from communicable and During an interview conducted on at 10:37am with the Administrator she confirmed the documentation was not available for review in the file. Class III	{A 078}		
{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,	{A 152}		

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{A 152}	Continued From page 3 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 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, record review and interview the facility failed to ensure that all existing structural systems are maintained in good condition within facility. Findings included: During an observation conducted on at 8:25am it was noticed that the 1st and 3rd floor dining room appeared to have bio growth, chipping paint and discoloration on the ceiling. The blinds in the 1st floor dining room were broken. It was also noted various ceiling tiles in the hallways on 1st, 2nd and 3rd floor were not properly set in place and a few on the 3rd floor were missing. The entry to the 3rd floor television room was not installed the hinges were still attached and sticking out. It was also noted the 2nd and 3rd floor laundry rooms were missing dryers, leaving one dryer in the facility for all residents. The 2nd floor laundry appeared to have linen throughout and had a strong smell of	{A 152}		

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{A 152}	Continued From page 4 when standing outside in the hallway. Lastly it was noted the censor in the elevator that allows access to the 3rd floor was not attached to the wall, leaving wires exposed. During an interview conducted on at 8:31am with Resident #1, she stated it is hard to get assistance when something is in need of repair, and the light in her bathroom has been needing to be replaced. During an interview conducted on at 9:20am with Resident #3, he stated that the light in is kitchenet has not worked in the past 7 months, and he was having issues with roaches in his room. During an observation conducted on at 9:20am of it appeared have roaches throughout, and substances on the floors, and walls. The linens appeared to be dirty, and a red substance was observed on sheets. The room also appeared to be heavily soiled. During an interview conducted on at 9:08am with the Wellness Director, she confirmed there was only one dryer in the facility at the time and the censor in the elevator was needing to be , as well as other concerns needing to be fixed. During an interview conducted on at 9:09am with the Maintenance Director, he agreed there were some concerns and things were needing to be addressed and there was only one dryer in the facility at the time. During an interview conducted on at 10:15am with the Administrator she stated she was aware there are a few environmental	{A 152}		

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{A 152}	Continued From page 5 concerns and some repairs are needed. (Photographic evidence obtained) Class III	{A 152}		