STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	01/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Langdon Hall, Inc Independent & Assisted Living	**1120 33 Avenue West Bradenton, FL 34205**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/06/2014
0025-Resident Care - Supervision-01/06/2014
0030-Resident Care - Rights & Facility Procedures-01/06/2014
0055-Medication - Storage And Disposal-01/06/2014
0078-Staffing Standards - Staff-
0079-Staffing Standards - Levels-
0165-Risk Mgmt & Qa; Adverse Incident Report-

Revisit Repeat Tags:

0054-Medication - Records-58a-5.0185(5) Fac

Revisit New Tags:

0058-Pharmacy & Dietary; Uncorrected Deficiencies-429.42 Fs; 58a-5.033 Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit was conducted on 01/06/14, in conjunction with two complaint surveys.

The Langdon Hall, assisted living facility, had an uncorrected and a new deficiency at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to accurately document assistance with self-administration of medication for one of four sampled residents (Resident #2) on the resident's Medication Observation Record (MOR).

Findings include:

During a visit to the facility on , the surveyor reviewed the MOR for Resident #2 for the month of 2014 with the assigned Medication Technician (Med Tech), Employee B. The surveyor noted that Resident #2 was prescribed one 81 mg tablet daily. The surveyor noted that on , there was no signature or documentation on the MOR indicating if Resident #2 received the or not and there was no explanation written on the back of the MOR.

The surveyor asked Employee B why the MOR was not signed and Employee B stated she did not know.

When interviewed on that same date at approximately 1:45 PM, the Resident Care Director confirmed that if the

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

medication was not given, there should have been an explanation on the MOR and if the medication was given, the MOR should be signed.

Uncorrected Class III

0058-Pharmacy & Dietary; Uncorrected Deficiencies 429.42 FS; 58A-5.033 FAC

Based on interview and record review, the facility failed to correct a prior Class III deficiency related to resident medications for one of four sampled residents (Resident #2). As a result, the facility must employ a consultant pharmacist.

Findings include:

During a prior survey conducted on , the facility was cited for having incomplete Medication Observatin Records (MORs) due to facility staff failing to document after assisting residents with self-administration of medication.

During a visit to the facility on , the surveyor reviewed the MOR for Resident #2 for the month of 2014 with the assigned Medication Technician (Med Tech), Employee B. The surveyor noted that Resident #2 was prescribed one 81 mg tablet daily. The surveyor noted that on , there was no signature or documentation on the MOR indicating if Resident #2 received the or not and there was no explanation written on the back of the MOR.

The surveyor asked Employee B why the MOR was not signed and Employee B stated she did not know.

When interviewed on that same date at approximately 1:45 PM, the Resident Care Director confirmed that if the medication was not given, there should have been an explanation on the MOR and if the medication was given, the MOR should be signed.

Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Langdon Hall, Inc Independent & Assisted Living
1120 33 Avenue West
Bradenton, FL 34205

Dear Administrator:

Re: **CCR# 2013012329 & CCR# 2013011307 & Revisit**

This letter reports the findings of two complaint surveys and a state licensure revisit survey that were conducted on 6, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint surveys and the deficiencies that were corrected and uncorrected relative to the revisit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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