STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	03/11/2014
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Complaint surveys, CCR# 2014000996, CCR# 2014002220, CCR# 2014001881 & CCR# 2014001861, were conducted on [redacted] & [redacted], in conjunction with a second revisit to a complaint survey and a biennial state licensure survey.

CCR# 2014000996- No deficiencies were cited relative to this survey.

CCR# 2014002220- The following deficiencies were cited relative to this complaint survey: A 025 & A 079.

CCR# 2014001881- No deficiencies were cited relative to this survey.

CCR# 2014001861- The following deficiency was cited relative to this survey: A 025.

The Langdon Hall, Inc Independent & Assisted Living had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon interview & record review, the facility failed to provide adequate supervision to meet the needs of 1 (#12) of 13 sampled residents.

Findings include:

1. Interview on [redacted] revealed that when a family member came to visit resident #12 on [redacted] 2014, the resident could not be found. The family member later found resident #12 to be walking down the street. The staff on duty at the time were informed but were not aware the resident had left the premise. It was stated during confidential interview that staffing was minimal on the weekend of this incident. A review of the residents record revealed no notations or incident report on file.

Per interview with management ([redacted] approximately 10am) they were not aware of this event at all as no one had reported it. Since this time all prior management had been terminated and many of the direct care staff have also been replaced.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	03/11/2014
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
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0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based upon observation & record review, the facility was not adequately staffed to ensure that residents received the proper care and supervision needed to meet their scheduled & unscheduled needs.

Findings include:

The facility has a census 52 residents who are located on 3 floors of the facility.

A review of the facility staffing schedules for the week of through revealed that a total of 520 staffing hours were scheduled for the week which although the hours exceed the required minimum of 375 total hours, the schedule reflected only 1 staff on duty from the 1 to 7am shifts for four of 7 days.

With only 1 staff working this shift it would not be possible to ensure resident care & safety should an emergency occur.

According to staff interview (approximately 2:30pm) although the schedule reflects only 1 staff on the 11pm to 7am shift, it was stated some staff worked double shifts.

Class III

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: Biennial, 2nd Revisit, and **CCR# 2014000996, CCR# 2014002220, CCR# 2014001881, CCR# 2014001861**

This letter reports the findings of a biennial state licensure survey, a second revisit, and four complaint survey that was conducted on 11, 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 biennial, the deficiencies that were corrected relative to the revisit, and the deficiencies that were identified relative to the complaint surveys. 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Forms

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