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)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey was conducted on 3/10/14 & 3/11/14 in conjunction with a second revisit to complaint surveys, CCR# 2013009663 & CCR# 2013008646, and complaint surveys, CCR# 2014000996, CCR# 2014001861, CCR# 2014001881 & CCR# 2014002220.

The Langdon Hall, assisted living facility, had no deficiencies relative to the biennial state licensure survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 3, 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 March 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000: Fax (727) 552-1161