STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	06/17/2014
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)		

List of Tags Cited:

St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014003438 and CCR# 2014003558, were conducted on .

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

No deficiencies were cited relative to CCR# 2014003428.

The following deficiencies were cited relative to CCR# 2014003558: A 0093 & A 0167.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on record review and interview, the facility failed to provide a therapeutic diet which had been ordered by the health care provider for 1 #2) of 6 residents sampled for therapeutic diets.

Findings include:

Record review of the health assessment dated for Resident #2 revealed the resident returned to the facility on ./ from a stay at a skilled nursing facility. The health assessment indicated the resident was to have a CCHO (consistent or controlled .) diet. The facility only has two therapeutic diets available for the residents, no concentrated sweet (NCS) diet and no added salt (NAS) diet. There is no documentation available which states her diet was changed or modified by the health care provider. The resident did not receive her therapeutic diet as ordered by her health care provider from ./ to the time of her discharge on .

The administrator, stated on at 10:30 a.m., the facility only has no concentrated sweet diet and no added salt diets. If a resident needs another kind of diet, the physician is notified and told what kind of diets are available. If the diets that we have are not sufficient, the resident goes somewhere else where they accommodate the resident's needs for diets. We have been doing this ever since I came in , 2014. I don't know what they were doing before that time.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review, the facility did not furnish 1(#2) of 6 residents sampled for therapeutic diets as specified in the signed contract.

Findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	06/17/2014
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)		

Record review of the resident contract for Resident #2 revealed the contract for Resident #2 stated the resident was having her utilities, furnishings, security, housekeeping, laundry, transportation, health care, medication and meals provided by the facility. All of the contracted services were being provided by the facility except for the therapeutic diet. Resident #2 did not receive her CCHO (consistent or controlled) diet as ordered by her physician. The facility's contract states therapeutic diets may be provided under order of your physician in consultation with the facility's executive chef and/or the facility's dietician consultant. There is no documentation that this was ever done since the only therapeutic diets offered at the facility are NCS (no concentrated sweets) and NAS (no added salt.)

Both the administrator and the dietary supervisor are new to the facility and did not know what diet the resident was actually getting before she was discharged on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR# 2014003438 & CCR# 2014003558

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com