AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	**03/31/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

ASSISTED LIVING FACILITY

Three unannounced Complaint (CCR# 2015000475, 2015001025, 2015001133) Surveys was conducted on [redacted].

The Langdon Hall, Inc., Assisted Living Facility, had unrelated deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on Record Review and Interview, the facility failed to provide assistance with self-administration of medications as prescribed.

Findings Include:

A Review of Resident #1's medication observation record (MOR) on [redacted] at approximately 12:20pm, revealed that Staff B did not provide assistance with self-administration for #1 (out of 2) prescribed medications on [redacted] at 2:00pm. [redacted] 1 mg tablet is prescribed at 8:00am, 2:00pm and 6:00pm.

A Review of Resident #1's medication observation record (MOR) on [redacted] at approximately 12:22pm, revealed that Staff B did not provide assistance with self-administration for #2 (out of 2) prescribed medications on [redacted] at 2:00pm. [redacted] SPR 0.06% nasal spray, is prescribed at 8:00am, 2:00pm and 8:00pm.

A Review of the Medication Notes in the MOR on [redacted], did reveal that Staff B initialed and circled the initials on the MOR (circled initials indicate there are Medication Notes), and on the second page and fourth page, did mark the dates, time, type of medication, time noted and signed the Medication Notes. However, Staff B wrote the reason for Resident #1 not receiving the medications was; 'never came for it'.

An Interview with the Director of Nursing (DON), on [redacted] at approximately 1:05pm stated; "Both Staff A and myself check the MOR every day to make sure there are no blanks. The policy is to go to the resident's [redacted] it. If there is a problem the med tech's give the medication if the resident does not come to the medication are to call me or Staff A. We both missed the circled initials on the MOR and the Medication Notes from [redacted] and [redacted] that the resident 'never came for it'. This is unacceptable. Corrective action will be taken."

CLASS III

0160 - Records - Facility - 58A-5.024(1) FAC

AGENCY FOR HEALTH CARE ADMINISTRATION

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	AL11966444	**03/31/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
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0160 Continued From page 1

Based on Review and Interview, the facility failed to ensure an up-to-date Admission and Discharge Log listing the names of all residents and each resident's: 2. Date of Discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged.

Findings Include:

Review of the Admission and Discharge Log on / at approximately 2:00pm revealed, that Resident #3 was discharged from the hospital to a skill nursing facility, but was never indicated in the Discharge Log. The discharge date of / , name of hospital (initials only), and SNF (skilled nursing facility) is only noted on the facility's Health Care Notes.

An Interview on / at approximately 3:00pm, with the Interim Administrator and the Director of Nursing revealed that the Discharge Log was not kept up-to-date by the previous Administrator. The Interim Administrator will review and keep the Discharge Log up-to-date.

CLASS

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015000475, 2015001025 & 2015001133

Dear Administrator:

This letter reports the findings of three complaint surveys that were conducted on , 2015 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 after 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/clt
Enclosure: State (5000-3547) Form

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