AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	**06/02/2015**
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

Two unannounced complaint surveys, CCR# 2015002777 & CCR# 2015003019, were conducted on 6/02/15, were conducted in conjunction with a revisit.

The Langdon Hall, Inc., assisted living facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 8, 2015

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

RE: Revisit & **CCR # 2015002777 & CCR # 2015003019**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and two complaint surveys completed on June 2, 2015, by representative(s) of this office.

Attached are the provider's copies of the Revisit Report, which indicate the deficiencies that were corrected relative to the revisit, and the State (5000-3547) Form, indicating no deficiencies were identified during the complaint surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State (5000-3547) Form

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