

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/25/2016  
FORM APPROVED

|                                                                                         |                                                                                             |                                                     |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966444</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>02/19/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>LANGDON HALL, INC<br/>INDEPENDENT &amp; ASSISTED</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1120 33 AVENUE WEST<br/>BRADENTON, FL 34205</b> |                                                     |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on 2/19/16.

The Langdon Hall, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

February 25, 2016

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

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on February 19, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 Cauffman  
Field Office Manager

PRC/clt  
Enclosure: State (5000-3547) Form

1GGN

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