STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	01/17/2017
NAME OF PROVIDER OR SUPPLIER **LANGDON HALL, INC INDEPENDENT & ASSISTED**	STREET ADDRESS, CITY, STATE, ZIP CODE **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

On / , a complaint investigation, (CCR# 2017000185 and CCR# 2016014080) was completed at Langdon Hall, Inc. Independent & Assisted Living. Deficient practice was identified during the investigation.

(License# 10661)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that a medical examination completed by a health care provider was completed fully for one (Resident #1) of three residents reviewed.

Findings included:

On / , a review of Resident #1 ' s Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated / revealed that the sections documenting the resident ' s height, weight, required diet, and required level of assistance with medications were all left blank. In an interview on / at 4:19 PM, the Health and Wellness Director confirmed that Resident #1 ' s AHCA Form 1823 was not completed fully. The Health and Wellness Director confirmed that Resident #1 ' s AHCA Form 1823 was missing the height, weight, required diet, and required level of assistance with medications.

Class III

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on record review and interview, the facility failed to ensure that residents were assessed as being capable of self-administration of medication for one (Resident #4) of three residents reviewed.

Findings included:

A review of Resident #4 ' s record on / revealed a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated . Resident #4 ' s AHCA Form 1823 documented that Resident #4 required assistance with the self-administration of medication. There was no assessment or physician order in Resident #4 ' s chart indicating that Resident #4 was capable of the self-administration of medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	**01/17/2017**
NAME OF PROVIDER OR SUPPLIER **LANGDON HALL, INC** **INDEPENDENT & ASSISTED**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 AVENUE WEST** **BRADENTON, FL 34205**	

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

On / , a review of Resident #4 ' s medication observation record (MOR) for the month of of 2017 revealed that next to Resident #4 ' s orders for , , tears, and Narcan nasal spray was the notation that the resident self-administered those medications.
In an interview on / at 3:35 PM, Resident #4 confirmed that she injected her herself and received the rest of her medication from the facility medication technicians.
In an interview on / at 4:35 PM, the Health and Wellness Director confirmed that Resident #4 self-administered her . The Health and Wellness Director confirmed that Resident #4 ' s AHCA Form 1823 did not indicate that Resident #4 was capable to self-administer medication. The Health and Wellness Director confirmed that there was no assessment or order contained in Resident #4 ' s chart indicating that she was capable to self-administer medication.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	01/17/2017
NAME OF PROVIDER OR SUPPLIER **LANGDON HALL, INC INDEPENDENT & ASSISTED**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 AVENUE WEST BRADENTON, FL 34205**	

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

Z812 - Change of Ownership - 408.803(5); 408.807 FS

Based on interview and record review, the facility failed to ensure that all client records were maintained as required in Rule 58A-5.024(3) FAC, that all resident contracts were retained for five years and all resident records retained for two years following the resident ' s departure from the facility. This occurred for two (Resident #2 and #14) of three resident records requested.

Findings included:

On / at 1:08 AM, the surveyor requested the resident contracts for Resident #2, #13, and #14 from the Administrator. The Administrator was only able to provide the surveyor with the contract for Resident #13 at that time. The Administrator stated there had recently been a change of ownership and that the old company had taken Resident #2 and #14 ' s records when they left. The Administrator stated the facility did not currently have the record for Resident #2 or #14.
On / , the facility admission and discharge log was reviewed. Resident #2 ' s date of discharge was revealed to be / and Resident #14 ' s date of discharge was /. Both Resident #2 and #14 had been discharged less than one year ago.
In an interview on / at 1:33 PM, the Administrator stated that the facility was under new ownership as of /. The Administrator stated that the old facility owners had come to the facility on / and had taken employee records, resident records, and contracts. The Administrator stated that the old facility owners had taken the resident records of residents who had been discharged prior to /.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

RE: CCR #2016014080 & 2017000185

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2017, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1161
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Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90