STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	R **03/03/2017**
NAME OF PROVIDER OR SUPPLIER **LANGDON HALL OF BRADENTON**	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 03/03/17, a revisit to a complaint survey (CCR#2016014080 and CCR#2017000185) was completed at Langdon Hall, Inc. Independent & Assisted Living. The deficient practice previously cited on 01/17/17 was corrected during the survey.

(License# 10661)