

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966444	(X3) DATE SURVEY COMPLETED R 05/08/2017
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 A revisit was conducted on 5/8/17 for Langdon Hall of Bradenton. The deficient practice previously cited on 3/27/17 was corrected during the revisit. (License # 10661)		