

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966444	(X3) DATE SURVEY COMPLETED 06/13/2017
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 An unannounced complaint survey, (CCR# 2017003244), was conducted on 6/13/17. The Langdon Hall, Assisted Living Facility (License # 10661), had no deficiencies at the time of this visit.		