

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966444	(X3) DATE SURVEY COMPLETED 08/25/2017
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 complaint investigation, (CCR# 2017006496), was conducted at Langdon Hall of Bradenton, Assisted Living Facility, on 8/25/17. Langdon Hall of Bradenton had no deficiencies at the time of the visit. (License # 10661)		