STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	**10/26/2017**
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

Three complaint investigations, (CCR# 2017009918, CCR# 2017012716, CCR# 2017010683), were conducted at Langdon Hall, Assisted Living Facility, on 10/26/17. Langdon Hall had no deficiencies at the time of the visit.

(License # 10661)