

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966444	(X3) DATE SURVEY COMPLETED 11/02/2018
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 November 2, 2018 a complaint Survey (CCR#2018014391) was conducted at Langdon Hall. At the time of the survey, the facility had no deficiencies. (License #10661)		