STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	**11/28/2018**
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 a biennial re-licensure was conducted at Langdon Hall Assisted Living Facility. Deficient practice was identified during the survey.

License # 10661

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation and interview the facility failed to implement their emergency power plan.

Findings Included:

A review the facility's records on revealed an emergency power plan approved on ,

During an observation of the facility on between the hours of 9:30 AM to 4:00 PM, no generator or additional power source was observed. In addition, no required monoxide detectors were observed.

In an interview with the Administrator conducted on 11-28-18 at 4:00 PM he confirmed that the emergency power plan had not been implemented. He confirmed that at this time there was not a generator at the facility.

Class III