

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966444	(X3) DATE SURVEY COMPLETED R 02/12/2019
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 revisit was conducted on 2/12/19 in conjunction with a Change of Ownership (CHOW) survey at Langdon Hall Assisted Living Facility. The deficient practice previously cited on 11/28/18 was corrected during the revisit. (License# 10661)		