STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966171	**11/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Barrington Terrace Of Naples	**5175 Tamiami Trail East Naples, FL 34113**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0092-Food Service - General Responsibilities-11/05/2013
0093-Food Service - Dietary Standards-11/05/2013
Z815-Background Screening; Prohibited Offenses-11/05/2013

This is the follow-up to the Change of Ownership (CHOW) and Extended Congregate Care (ECC) survey conducted at Barrington Terrace an Assisted Living Facility (ALF) on 10/7/13 through 10/8/13 in Naples, Florida. This follow-up was completed by desk review on 11/5/13. All citations were cleared by this desk review.

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 6, 2013

Administrator
Barrington Terrace Of Naples
5175 Tamiami Trail East
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a Change of Ownershipe (CHOW) and Extended Congregate Care (ECC) survey revisit conducted by desk review on November 5, 2013 by representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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