

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953321	(X3) DATE SURVEY COMPLETED 11/27/2013
NAME OF PROVIDER OR SUPPLIER Barrington Terrace At Boynton Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 S. Congress Boynton Beach, FL 33426	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-11/27/2013
0030-Resident Care - Rights & Facility Procedures-11/27/2013
0056-Medication - Labeling And Orders-11/27/2013
0160-Records - Facility-11/27/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2013

Administrator
Barrington Terrace At Boynton Beach
1425 S. Congress
Boynton Beach, FL 33426

Re: Revisit to Relicensure

Dear Administrator:

This letter reports the findings of a State Licensure Survey Revisit conducted on November 27, 2013 by a representative from 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.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


 Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

