

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)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR# 2013008598 was conducted on 11/27/13 at Barrington Terrace at Boynton Beach. The allegations were not substantiated. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2013

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

Re: CCR #2013008598

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on November 27, 2013 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

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