

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953611	(X3) DATE SURVEY COMPLETED 12/11/2013
NAME OF PROVIDER OR SUPPLIER Barrington (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 901 Seminole Boulevard Largo, FL 33770	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on 12/11/13.

The Barrington assisted living facility had no deficiencies at the time of the visit.

A recommendation for a Standard license is being made at this time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2013

Administrator
Barrington (The)
901 Seminole Boulevard
Largo, FL 33770

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey that was conducted on December 11, 2013, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

