

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966171	(X3) DATE SURVEY COMPLETED 01/02/2014
NAME OF PROVIDER OR SUPPLIER Barrington Terrace Of Naples	STREET ADDRESS, CITY, STATE, ZIP CODE 5175 Tamiami Trail East Naples, FL 34113	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is to report the findings of an unannounced Complaint Survey, CCR# 2013013430 at Barrington Terrace of Naples, an Assisted Living Facility (ALF) in Naples, Florida.

There were two allegations in the complaint. The two allegations were not substantiated.

No deficiencies were cited relevant to the survey during this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2014

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

Re: CCR #2013013430

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 2, 2014 by a representative of 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

