

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/13/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966171	(X3) DATE SURVEY COMPLETED 03/11/2014
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)		

On 3/11/14 an Extended Congregate Care (ECC) survey was completed at Barrington Terrace of Naples an Assisted Living Facility (ALF).

At the time of the survey no deficiencies were identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2014

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

Dear Administrator:

This letter reports findings of an Extended Congregate Care (ECC) survey that was conducted on March 11, 2014 by a representative 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. 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

