

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966171	(X3) DATE SURVEY COMPLETED 06/30/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint survey for CCR#2016007015 was conducted on 6/30/16 at Barrington Terrace, an assisted living facility in Naples, Florida.

The complaint contained 2 allegations, of which 2 were unsubstantiated.

No deficiencies were identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2016

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

RE: CCR #2016007015

Dear Administrator:

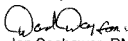
This letter reports the findings of a complaint survey completed on June 30, 2016 by a representative of this office.

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,


Jon Seehawer, RN
Field Office Manager

JS:ec

Enclosure: State (5000-3547) Form

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