

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/02/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953611	(X3) DATE SURVEY COMPLETED 07/22/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On 7/22/16, a capacity increase was conducted at The Barrington.
The Barrington, Assisted Living Facility, had no deficiencies at the time of this survey.

(License 7232)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 2, 2016

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

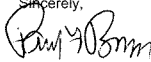
Dear Administrator:

This letter reports findings of a state licensure capacity increase (CAP) survey that was conducted on July 22, 2016 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,


Patricia Reid Kaufman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

1GGN

