

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953611	(X3) DATE SURVEY COMPLETED 08/03/2016
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

A complaint investigation, (CCR# 2016005576), was conducted at The Barrington (LIC# 7232) on 8/3/16. The Barrington, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2016

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

RE: CCR# 2016005576

Dear Administrator:

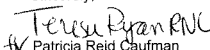
This letter reports the findings of a complaint survey completed on August 3, 2016, by representative(s) of this office.

Attached is the provider's copy of the 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(s). Should you have any questions, please contact **Teresa Ryan, RNC**, at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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