STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966171	11/22/2016
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 Biennial and Extended Congregate Care survey was conducted on 11/22/16 at Barrington Terrace of Naples (License Number: 10447), an Assisted Living facility in Naples, Florida.

The following is a description of the deficiency.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean environment for residents.

The findings included:

1. During tour of the facility on / / at 10:00 a.m. the following was observed and photos were taken:

- scuff marks on wall (picture #109);
- stains on tile floor in (picture#110);
- piece of wall missing (picture#111);
- cap missing from toilet base (picture#112);
- stains on carpet (picture#113);
- stains on (picture#114);
- large stain on air conditioner (picture#115);
- stains on rug (picture#116);
- cockroach on (picture#117);
- stains on toilet (picture#118);
- stains on carpet (picture#119);
- paint missing from wall (picture#120);
- cap missing from toilet base (picture#121);

Main Dining with stains (picture#122);
Metal base of dining table with stains (picture#123);

- stains on carpet (picture#124);
- paint missing from wall, baseboard has scuffs (picture #125).

2. Tour of main dining / at 12:00 p.m., revealed 4 large windows with vinyl blinds covered with white substance. Many dining chairs covered with stains, metal bases of dining tables covered with stains. Dining stained.

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3. During interview with Administrator on 11/22/16 at 3:00 p.m., she reported she was not aware of resident rooms and dining room condition and she would attend to it immediately.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for this deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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