

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953611	(X3) DATE SURVEY COMPLETED 01/25/2017
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

An unannounced complaint survey, (CCR# 2016013466), was conducted on 1/25/17.

The Barrington, Assisted Living Facility (License # 7232), had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 7, 2017

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

RE: CCR# 2016013466

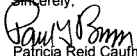
Dear Administrator:

This letter reports the findings of a complaint survey completed on January 25, 2017, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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