

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966171	(X3) DATE SURVEY COMPLETED 03/01/2017
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 Extended Congregate Care survey was conducted 3/1/17 at Barrington Terrace, an Assisted Living Facility (license #10447) in Naples, Florida.

No deficiencies were found at the time of the visit.