

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953611	(X3) DATE SURVEY COMPLETED R 06/07/2017
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 A Desk Review was conducted on 06/07/17. The deficient practice previously identified during the Biennial Survey on 04/24/17 were corrected during the review. Lic # 7232		