

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/14/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967611	(X3) DATE SURVEY COMPLETED 07/03/2017
NAME OF PROVIDER OR SUPPLIER FARRINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 FARRINGTON DRIVE MERRITT ISLAND, FL 32952	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Change in Ownership (CHOW) with Extended Congregate Care (ECC) survey was conducted on July 3, 2017. Farrington House, license #11613, had no deficiencies at the time of the survey.