STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966171	**08/10/2017**
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 on 8/10/17 at Barrington Terrace of Naples, an assisted living facility (license #10447) in Naples, Florida.

No deficiencies were found at the time of the visit.