STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	**12/20/2017**
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 investigation, (CCR# 2017014563), was conducted on 12/20/2017 at The Barrington, (license # 7232), in conjunction with a revisit. No deficiencies were identified at the time of the visit.