

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2018
FORM APPROVED

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