STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	R **06/14/2018**
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 Revisit survey was conducted on 6/14/18 at The Barrington (License # 7232).

All deficiencies cited on 4/26/18 were corrected.