STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966171	R **10/19/2018**
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

A follow-up by desk review was conducted on 10/19/18 for Barrington Terrace, an assisted living facility (license # 10447) in Naples, Florida.

The follow-up was in response to the re-licensure, extended congregate care, and emergency power plan monitoring survey which was completed on 9/5/18.

Based on the facility's supporting documentation, the deficiencies were corrected as of 10/19/18.