STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953611	R **10/16/2018**
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 10/16/18 for Barrington (the). The deficient practice previously cited on 8/30/18 was corrected at the time of the survey. License #7232.