STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	03/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Barrington Terrace - Ft Myers	9731 Commerce Center Court Fort Myers, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0003 - 58a-5.014 Fac - Licensure - Change Of Ownership (chow) S-S= D

Specific Tag Findings:
An unannounced Change of Ownership with Extended Congregate Care in conjunction with a complaint survey was conducted on , and at Barrington Terrace, an Assisted Living Facility in Fort Myers, Florida.

The following is a decription of the deficiency:

0003-Licensure - Change of Ownership (CHOW) 58A-5.014 FAC
Based on interview of 10 out of 10 residents and record review of 2 of 10 residents, the facility failed to notify residents of the Change of Ownership.

The findings include:

1. Interview with residents and family interview, revealed they had no knowledge of letter of Change of Ownership. Resident record review revealed no documentation of notice of the Change of Ownership.

2. During an interview on at 4:30 p.m. theExecutive Director stated, "We did not send Change of Ownership letters to any residents."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Barrington Terrace - Ft Myers
9731 Commerce Center Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS
Enclosure: State Form

Fort Myers Field Office
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