

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/23/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER BARRINGTON TERRACE - FT MYERS	STREET ADDRESS, CITY, STATE, ZIP CODE 9731 COMMERCE CENTER COURT FORT MYERS, FL 33908	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Extended Congregate Care survey was conducted on 10/21/15 at Barrington Terrace, an Assisted Living Facility in Fort Myers, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 21, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec

Enclosure: State (5000-3547) Form

1GGN

