STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	**05/17/2017**
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 complaint survey for CCR#2017004867 was conducted on 5/17/17 at Barrington Terrace, an assited living facility (license number #10100) located in Fort Myers, Florida.

The complaint contained 4 allegations, all of which were unsubstantiated

No deficiencies were found at the time of the visit.