STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965763	R **03/19/2018**
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 revisit survey was conducted on 3/19/18 at Barrington Terrace - Ft Myers, an assisted living facility (license #10100) in Fort Myers, Florida.
This was a follow-up to the complaint survey completed on 12/28/17.

The previous deficiencies were found corrected and no new deficiencies were identified.