

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X3) DATE SURVEY COMPLETED R 10/24/2018
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 10/24/18 at Barrington Terrace, an assisted living facility (license # 10100) in Fort Myers, Florida. This was a follow-up to the biennial, extended congregate care and emergency power plan monitoring survey conducted from 9/4/18 through 9/5/18. The previous deficiencies were found corrected and no new deficiencies were identified.		