

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965763	(X3) DATE SURVEY COMPLETED 04/18/2019
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 #2018018646 was conducted on 4/18/19 at Barrington Terrace Ft. Myers, an assisted living facility in Fort Myers, Florida. The complaint contained one allegation which was not substantiated. No deficiencies were found at the time of the visit.		