

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 emergency power plan monitoring survey was conducted on 4/18/19 at Barrington Terrace Ft. Myers, an assisted living facility in Fort Myers, Florida. No deficiencies were found at the time of the visit.		