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| STATEMENT OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953321</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/13/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>BARRINGTON TERRACE AT BOYNTON BEACH</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1425 S. CONGRESS<br/>BOYNTON BEACH, FL 33426</b> |   |

SUMMARY STATEMENT OF DEFICIENCIES  
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced Relicensure Survey was conducted on 10/11/2017 through 10/13/2017 at Barrington Terrace at Boynton Beach Assisted Living Facility, License #8186. The facility had no deficiencies identified at the time of the visit.