AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
McIntosh Assisted Living, Inc.
5650 NW 219 Street Road
Micanopy, Florida 32667

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966191	**03/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
McIntosh Assisted Living, Inc.	**5650 Nw 219 Street Road Micanopy, FL 32667**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure with Limited Mental Health Survey was conducted on 2014, of this facility located at 5650 NW 219th Street Road, Micanopy, Fl. The facility was found not in compliance with Chapters 429, Part I & 408, Part II, Florida Statutes and 58A-5, Florida Administrative Code.

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to ensure residents would receive a 30 (thirty) day notice prior to a rate increase from the facility.

Findings:

Review of the facility admission packet containing the resident contract/agreement, failed to reveal that the resident would be notified 30 days prior to increasing the resident's rate.

Interview conducted with the administrator and the assistant administrator on at 3:00 PM revealed they were not aware of their to notify residents before the facility increased the resident's rate.

Class III
Correction Date: