RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015003322

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after **2015** 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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966191	**06/10/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On an unannounced complaint survey CCR #2015003322 was conducted at McIntosh Assisted Living Facility in Micanopy, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record reviews and interviews the facility failed to ensure that 4 of 4 staff members received their annual 2 hour update medication training as required for A, B, and D staff.

Findings:

On a record review was conducted on 3 unlicensed direct care staff which assist residents with self-administration of medication. It was observed that staff A last received his 2 hour annual update medication training on Staff B received his last 2 hour medication update training on Staff D received her last 2 hour medication update training on

On at approximately 11:40 AM an interview was conducted with the facility manager regarding the failure to ensure that the 2 hour medication update training had been given to staff. The manager stated he thought the requirement for the 2 hour medication update training for unlicensed staff was 2 hours every 2 years.

Class III