RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Bory for

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

XG90

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966191	03/24/2016
NAME OF PROVIDER OR SUPPLIER **MCINTOSH ASSISTED LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5650 NW 219 STREET ROAD** **MICANOPY, FL 32667**	

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

0000 Initial Comments

On , 2016 a Biennial Licensure Survey with Limited Mental Health (LMH) was conducted at McIntosh Assisted Living Facility. Deficient practice was identified during the survey. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain missing information for 2 of 2 residents' Resident Health Assessments (AHCA Form 1823) (Resident #5 and #6).

Findings:

On , record reviews were conducted on Resident #5's and #6's Resident Health Assessments (AHCA Form 1823). It was observed that Resident #5's health assessment, dated , was missing required comments for supervision of activities of daily living (ADL's), on page 2. Also missing were comments for assistance with self-care tasks, on page 3. Resident #6's health assessment, dated , was missing information regarding medication assistance, on page 4.

On at approximately 1:45 PM, an interview was conducted with the manger regarding the omitted information from Resident #5's and #6's health assessments. He stated he did not realize the information was missing from either health assessment and he would get them corrected.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure all staff received the required Control Training for 1 of 3 staff reviewed (Staff B).
Findings:
On , 2016, a review of the personnel record for Staff B revealed no evidence of Control Training required for staff providing direct care to residents.
An interview was conducted with the Manager on , 2016 at 2:48 PM. He confirmed that Staff B had not completed the Control Training as required.
Class III

0090 Training -

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966191	**03/24/2016**
NAME OF PROVIDER OR SUPPLIER **MCINTOSH ASSISTED LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5650 NW 219 STREET ROAD** **MICANOPY, FL 32667**	

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

Based on record review and interview, the facility failed to ensure all staff received the required 1.00 hour of Policy and Procedure Training for 1 of 3 staff reviewed (Staff B).
Findings:
On , 2016, a review of the personnel records revealed no documented evidence of ( ) Policy and Procedure Training for Staff B.
An Interview was conducted with Manager at 2:49 PM on , 2016. He confirmed that the Policy and Procedure Training had not been received by Staff B.
Class III