



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 20, 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 desk review conducted on October 20, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State Form, which indicates the previously cited deficiencies were found corrected on the day of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call Chuck Bory at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

DT9D

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



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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/20/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966191	(X3) DATE SURVEY COMPLETED R 10/20/2016
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

A desk review was conducted as follow-up to complaint survey (CCR#2016006958) on 10/20/2016 for McIntosh Assisted Living, Inc. (facility license number 10451). The previously cited deficiency was cleared as a result of the desk review.