STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966191	R **04/13/2018**
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 April 13th, 2018 a desk review was conducted on McIntosh Assisted Living Facility (license #10451). No deficient practice was identified at this time.