STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	R **12/21/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICAN WELL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6333 LANGSTON AVENUE** **NEW PORT RICHEY, FL 34652**	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit to an 8/20/18 Complaint (CCR 20180108062, 2018010932, 2018009947 and 2018009790) was conducted on 12/21/18 in conjunction with a complaint investigation (CCR 2018017176) and a revisit to a 10/29/18 complaint (CCR 2018015386). The deficient practice previously cited on 8/20/18 and 10/29/18 was corrected during this specific revisit.

(License #10549)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910842	R **12/12/2018**
NAME OF PROVIDER OR SUPPLIER **OAKS OF CLEARWATER, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 BAY AVENUE** **CLEARWATER, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a 10/2/19 complaint survey, in conjunction with a Limited Nurisng Services (LNS) survey, was conducted on 12/12/18 for Oaks Of Clearwater, The. The facility had no deficient practice at the time of the survey. License #4818.