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 revisit to to a complaint (CCR 2018015386) was conducted at American Well Care on in conjunction with a second revisit to an complaint (CCR 2018018062, 2018010932, 2018009947, and 2018009790) and a complaint investigation (CCR 2018017176). American Well Care had deficiencies at the time of the visit.

(License #10549)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on record review and interview, the facility failed to maintain a safe living environment due to the lack of reporting of an allegation of resident to the Florida Hotline as stated under 415.1034, Florida Statutes.

Findings included:

A review of resident records conducted on revealed documentation dated of an allegation that Staff C , , Resident #2 (photographic evidence obtained). A review of Resident #2's record showed no proof that the Florida Hotline had been called .

The Administrator was interviewed on at 12:27 PM and asked for documentation that they had notified the Florida Hotline concerning Resident #2's allegation of . The Administrator stated that they had no written documentation concerning notifying the responsible State Agency , names of individuals or a confirmation number.

Class III