STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	R **03/14/2019**
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 a 10/29/18 complaint (CCR 2018015386) was conducted at American Well Care on 3/14/19 in conjunction with a revisit to a 12/21/18 complaint (CCR 2018017176) and a complaint investigation (CCR 2019002873). The deficient practice previously cited on 12/21/18 was corrected during this visit.

(License #10549)