

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 06/12/2014
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey with limited mental health (LMH) services was conducted on 6/12/14, in conjunction with two complaint surveys, CCR# 2014002980 & CCR# 2014003687.

The American Well Care, assisted living facility, had no deficiencies at the time of the visit. However, a deficiency was cited relative to CCR# 2014003687.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 24, 2014

Administrator
American Well Care
6333 Langston Avenue
New Port Richey, FL 34652

RE: CHOW with LMH & CCR# 2014003687 & 2014002980

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited mental health (LMH) services and a complaint survey that were conducted on June 12, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the CHIW with LMH and the deficiency that was identified relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency identified on your survey.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,


Patricia Reid Kaufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida