

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 01/22/2015
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 Complaint survey, CCR#2014010661 & 2014012230 was conducted on 1/22/15.

The American Well Care, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2015

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

RE: CCR #2014010661 & 2014012230

Dear Administrator:

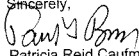
This letter reports the findings of two complaint surveys completed on January 22, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

