STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	07/25/2016
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

Amended

A complaint survey, (CCR# 2016005202), was conducted on . American Well Care LLC, Assisted Living Facility, had deficiencies at the time of the visit.

(License # 10549)

Please be advised that the survey was conducted .

0181 Emergency Plan Approval

Based on record review and interview on / the facility failed to ensure to submit for review and approval to the local emergency management agency it's emergency plan on an annual basis.

Findings included:

During the review of facility records it was revealed that the facility had not submitted their Emergency Management Plan and was not in compliance for the year of 2015.
A phone call on at 1:00 PM to the emergency management confirmed that the facility was not in compliance.
The administrator stated she was not clear on how to complete the forms and was going to contact them for guidance.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain an employee roster with the employment status of all employees of the facility within the clearinghouse.

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

Findings included:

On at 11:00 AM a record review was conducted of the employee roster for the facility on the Agency for Health Care Administration Care Provider Background Screening Clearinghouse website.
On at 11:38 AM a record review was conducted of the facility's list of all current employees. The staff were not listed.
On at 1:00 PM PM an interview was conducted with the Administrator. The administrator confirmed she had not completed the requirements and was not aware that the facility was required to maintain an employee roster with the employment status of all employees of the facility within the clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Amended Letter for **CCR# 2016005202**

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit. Please be advised that the survey was conducted .

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-basec 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.

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

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,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90