STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	R 02/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN WELL CARE	**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 follow-up visit to complaint (CCR 2017011251) was conducted at American Well Care on in conjunction with a follow-up visit to a biennial re-licensure survey with limited mental health (LMH). American Well Care had deficiencies at the time of the visit.

(License #10549)

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to provide proof of adverse incident reports within one business day after an occurrence or submit a full report to the agency within fifteen days after an adverse incident.

Findings included:

During a follow-up visit conducted on , a request was made to observe adverse incident reports regarding Resident #1's elopement on that was reported to law enforcement.

The Administrator was interviewed on at 11:54 AM concerning the facility filing adverse incident reports for Resident #1 concerning their elopement on . The Administrator stated that they could not show that adverse incident reports were filed.

Class III