

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED R 04/03/2018
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 A 2nd revisit to a 12/14/17 Complaint (CCR#2017011251) was conducted at American Well Care on 4/3/18 in conjunction with a 2nd revisit to a 12/14/17 Biennial Survey. The deficient practice previously cited was corrected during the visit. (License #10549)		