

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED R 05/23/2019
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 follow-up to a 3/14/2019 was conducted at American Well Care in conjunction with a follow to a 12/21/18 complaint investigation and a complaint survey. At the time of the follow-up, the facility had no deficiencies.