

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968141	(X3) DATE SURVEY COMPLETED 10/15/2013
NAME OF PROVIDER OR SUPPLIER A1 Care Systems	STREET ADDRESS, CITY, STATE, ZIP CODE 7449 Sandhurst Rd S Jacksonville, FL 32277	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-10/15/2013

0054-Medication - Records-10/15/2013

0160-Records - Facility-10/15/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

Administrator
A1 Care Systems
7449 Sandhurst Road South
Jacksonville, FL 32277

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 15, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


for Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/KW/sm
Enclosure

