STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968141	07/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A1 Care Systems	7449 Sandhurst Rd S Jacksonville, FL 32277	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at A1 Care Systems in Jacksonville, Florida on , 2014. Licensure deficiencies were identified as a result of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that staff maintained documentation of freedom from on an annual basis for 1 of 1 sampled employees. (Contracted Limited Nursing Services (LNS) nurse)

The findings include:

During a LNS monitoring survey, the LNS nurse's personnel file was reviewed and revealed a negative test which was dated There was no other test available in the personnel file. (photographic evidence obtained)

An interview with the owner/administrator via telephone at approximately 12:30 p.m. on revealed that he was unaware that the LNS nurse's test was not current. The administrator stated that he would contact the LNS nurse right away in order to obtain current documentation of freedom from

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on , 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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