STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968896	**10/04/2017**
NAME OF PROVIDER OR SUPPLIER **A1 CARE SYSTEMS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6613 SHADY OAKS DR** **JACKSONVILLE, FL 32277**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On , 2017 an unnanounced biennial licensure survey with Limited Mental Health and Limited Nursing Services was conducted at A1 Care Systems Assisted Living (License# 12738). Deficient practice was identified during the survey.

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on employee record review and staff interview the facility failed to ensure the administrator or food service designee had 2 hours of continuing education annually.

The findings include:

A review of the employee record for the administrator revealed no proof of continuing education for food service annually. There were no other employees who were designated as the food service designee who had the training.

During an interview with the administrator on at 2:30 pm he stated there were no employees with the training designated as food service designee. He confirmed he needed to obtain the training.

Class III