

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968896	(X3) DATE SURVEY COMPLETED R 10/23/2017
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

The deficiency was found corrected at the time of the desk review.