STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968896	**03/05/2018**
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

A complaint investigation (CCR #2017015311) was conducted at A1 Care Systems Inc (License #12738) on 3/05/2018. A1 Care Systems Inc had no deficiencies at the time of the investigation.