| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965862** | R<br>**08/03/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**A1A CARE CENTER, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**641 WEST 33 STREET**<br>**HIALEAH, FL 33012** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit Survey was conducted on [redacted] 03, 2018. A1A Care Center (license #10201) had the following deficiency identified at time of the survey.

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on record review and interview, the facility failed to have an updated approved sanitation inspection report from the county health department.

Findings included:

On [redacted] at 11:05 AM, observed that the sanitation inspection report issued by the county health department posted on the wall was dated [redacted] and and expired on [redacted].

On [redacted] at 12:09 PM the Administrator stated, "I called them and they said they are coming out next week."

Class III