STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965862	R **10/11/2018**
NAME OF PROVIDER OR SUPPLIER **A1A CARE CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **641 WEST 33 STREET** **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 10/11/2018. A1A Care Center (license #10201) had no deficiencies identified at the time of the survey.