

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968605	(X3) DATE SURVEY COMPLETED 04/03/2014
NAME OF PROVIDER OR SUPPLIER My New Oasis	STREET ADDRESS, CITY, STATE, ZIP CODE 2640 Sw 32 Ct Coconut Grove, FL 33133	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A visit for an Initial ALF licensure was made on 04/03/2014. My New Oasis had no deficiencies at the time of the visit. Recommendations will be sent to Tallahassee for a Standard License and a capacity of 6.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2014

Administrator
My New Oasis
2640 Sw 32 Ct
Coconut Grove, FL 33133

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on April 3, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

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Enclosure

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