

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968605	(X3) DATE SURVEY COMPLETED 12/01/2014
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 Limited Nursing Services Monitoring Survey was conducted on December 1, 2014. My New Oasis had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 15, 2014

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

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on December 1, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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