STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963868	04/01/2016
NAME OF PROVIDER OR SUPPLIER **OASIS HOME FOR THE ELDERLY**	STREET ADDRESS, CITY, STATE, ZIP CODE **33 WEST 26 STREET HIALEAH, FL 33010**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2016 and concluded on , 2016. Oasis Home For Elderly had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have an updated health assessment for one out of ten sampled residents (#7).

Findings included:

Record review on of Resident #7's health assessment (1823) dated on revealed, "Needs assistance with self-administration of medication" however, it also stated "Resident #7 needed total assistance with activities of daily living.

Record review of Resident #7's medication observation records (MORs) reflected a different initial from the other residents.

Interview by phone on at 10:18 a.m. the facility's contracted registered nurse (RN) stated "I have been signing the MORs for Resident #7."

Interview on at 1:00 p.m. the Administrator acknowledged that Resident #7's 1823 needed to be updated to reflect that the resident needed medication administration.

Class III

0089 /Other - Special Care

Based on record review and interview, the facility failed to have two out of ten (E and F) sampled employees received training in and other related .

Findings included:

Record review revealed Employees E and F both caretakers did not have their training in the areas for and other related . Caretaker (E) started on and Caretaker (F) started on .

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Interviewed the Administrator on / at 2:00 p.m., she stated that both employee shall be scheduled for training in the areas for and other Related as soon as possible.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide privacy during the use of a portable bedside commode for one of nine sampled residents (#2).

Findings included:

During the facility tour on at 9:10 am revealed a portable bedside commode in # that belonged to Resident #2 who shared the Resident #6.

Interview on / at 9:46 a.m. Resident #2 stated, "I have a commode, which I use at night."

Interview on / at 11:06 a.m. Staff F stated, "the commode in # is for Resident #2, he used the commode at night time."

Interview on / at 10:00 a.m. the Administrator stated, " I know that a commode should be not in a share ."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Oasis Home For The Elderly
33 West 26 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com