STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968690	11/15/2016
NAME OF PROVIDER OR SUPPLIER **OASIS PALMS, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **12629 SW 21ST STREET** **MIRAMAR, FL 33027**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted 11/14/16 through 11/15/16 at Oasis Palms, an Assisted Living Facility (license #12556) in Miramar, Florida.

The following is description of the deficiencies.

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure a staff member who is certified in First Aid was in the building at all times.

The Findings Include:

Review of employee records on / / found that Staff B who is a Home Health Aid (HHA) did not have documentation of first aid training. Review of the facility staff schedule shows that Staff C is scheduled to work 8 AM - 4 PM several times a week.

During an interview on / at 8:50 AM, Staff C confirms she does not have First Aid training.

During an interview on / 9:00 AM with the Administrator, she confirms that Staff B works the shifts provided on the schedule and is alone with the residents in the facility at times. She confirms that there is no documentation that Staff B has first aid training.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to document meal substitutions and retain a log on file in the facility for 6 months.

The findings include:

Observation of dinner served on / at 5:00 PM found that the residents were being served Macaroni and Cheese, pork chops, mixed vegetables and ice cream for dessert. Review of the menu shows the meal scheduled to be served was baked ziti, peas and carrots, mixed salad with dressing,

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and pudding.

During an interview with the Administrator at 5:30 PM, she confirms that the posted menu is not being served. She confirms she has not been documenting changes in the menu. She says she did not know she had to keep a substitution log.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Oasis Palms, Inc.
12629 Sw 21st Street
Miramar, FL 33027

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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