STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	**03/20/2017**
NAME OF PROVIDER OR SUPPLIER **OASIS CENTER CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4023 SW 138 AVE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Complaint Survey (CCR 2017000685) was conducted on . Oasis Center Care Corp. Inc. (Lic #12788) had the following deficiencies identified at the time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to have an accurate staffing pattern.

Findings as follow:

On Staff C was observed working in facility with 6 residents.

Staff record review showed Staff C was scheduled to work from 7 pm to 7 am. Staff A was schedule to work from 7 am to 7 pm.

On at 12:30 p.m. the Administrator acknowledged the facility staffing schedule was not accurate.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an accurate admission and discharge record for 1 out of 6 (Resident #7) facility residents.

Findings as follow:

On at 9:00 a.m. Resident #7 was observed sit in the facility patio.

Admission and discharge record review showed Resident #7 was not listed.

On at noon the Administrator stated Resident #7 was not in the admission and discharge record, by mistake.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 1 out of 3 (Staff C) facility staff trained in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	**03/20/2017**
NAME OF PROVIDER OR SUPPLIER **OASIS CENTER CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4023 SW 138 AVE** **MIAMI, FL 33175**	

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

working with Limited Mental Health (LMH) residents.

Findings as follow:

The facility held a standard license with LMH component.

The facility failed to have documentation of LMH training for Staff C, hired on . . . , within 6 months of employment.

On . . . . . at noon the Administrator stated Staff C did not receive the LMH training, yet.

Class III