STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	R **06/21/2017**
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 Revisit Survey (CCR #2017000685) was conducted on 06/21/17. Oasis Center Care Corp. Inc. (Lic #12788) had the following deficiency 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 maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

On at 10:00 AM Staff B was observed working in facility alone with 5 residents.

Staff record review showed Staff B was scheduled to work from 7:00 AM to 7:00 PM. Staff A was schedule to work from 9:00 AM to 6:00 PM for the whole month of .

On at 11:30 AM Staff B stated, Staff A had to do some personal things, and that was the reason why she was not in the facility at the time of the survey.

Uncorrected Class III