

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968936	(X3) DATE SURVEY COMPLETED R 11/14/2017
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) second revisit was conducted on November 14, 2017. Oasis Center Care Corp. Inc. (AL #12788) with Limited mental Health component had deficiencies identified under the biennial survey.		