STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968605	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **MY NEW OASIS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2640 SW 32 CT** **COCONUT GROVE, FL 33133**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . My New Oasis, LLC with a standard license (#12493) had the following deficiency found at the time of the survey:

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview the facility failed to maintain the employment status of three out of four (Staff A, B, and D) employees within the background screening's clearinghouse.

Findings included:

Review of the clearinghouse database revealed staff D was listed as employee in the facility , and Staff A and B were not listed.

Staff record review revealed Staff A had been working in the facility since . . . . . and Staff B since . . . .

On . . . at 12:45 PM the Administrator stated that he was not aware of this because on the last survey this was not requested and that he did not know that he had to keep it up to date. Staff D had stopped working since . . .

Unclassified