STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968690	**07/03/2018**
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 abbreviated Relicensure survey was conducted on [redacted] at Oasis Palm Inc., License # 12556. The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure a resident's Health Assessment was accurate and reflective of the resident's current diagnosis and care needs (including nursing services), for 1 out of 2 resident records reviewed (Resident #1). The facility failed to document the significant change of the addition of hospice services on the Health Assessment for Resident #1.

The findings include:

During a review of resident records, it noted that Resident #1 receives hospice services. Review of Resident's #1's Health Assessment dated [redacted] failed to indicate hospice services in the Nursing/[redacted] Services section of the form.

During an interview with the Administrator, on [redacted] at 2:00 PM, the findings were discussed and no further information was provided.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, record review and staff interview, the facility failed to provide an approved emergency management preparedness plan.

The findings included:

During a review of the facility's CEMP comprehensive emergency preparedness plan revealed it was last approved by the local emergency management agency on [redacted] with an expiration date of [redacted].

During an interview with the Administrator, on [redacted] at 2:30 PM, the findings were discussed and no further information provided.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968690	**07/03/2018**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the facility failed to maintain an accurate update employee roster on the Clearinghouse Background Screening, for 4 out of 7 staff members (Staff A; C; D; and E).

The findings include:

A review of employee records revealed that Staff A, with a hire date of , was not registered on the Clearinghouse Facility Employee Roster. Staff C ( ); D ( ); and E ( ) are no longer active employees of the facility and there is no end date added to the Clearinghouse.

Staff C hire date of 11/ with no end date
Staff D hire date of 11/ with no end date
Staff E hire date of with no end date

During an interview with the Administrator, on at 2:15 PM, the findings were discussed and no further documentation or information provided.

Unclassified