STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968690	R **09/21/2018**
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

A Relicensure revisit survey was conducted by desk review on . . . . . for Oasis Palms, Inc, License #12556. The facility had an uncorrected deficiency at the time of the survey.

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

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The findings included:

On . . . . . at approximately 1:15 PM, an interview was conducted with the Administrator who stated, the facility has not received there Approved CEMP from the local Emergency Management Agency. At this time the facility's Plan of Corrections was reviewed and revealed the CEMP submission date was . The facility's last approved CEMP was dated and expired .

During an interview with the Administrator she acknowledged the findings.

Class III

Uncorrected