STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	R **09/13/2018**
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 Follow Up Visit to a Complaint investigation (CCR #2018012206) survey was conducted on . Oasis Center Care Corp with limited mental health component (license #12788) had deficiencies at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain an accurate daily medication observation (MOR) record for one out of four sampled residents (Resident #12).

Findings included:

A review of the facility's MOR revealed that there was three MOR sheets that did not have a name written on them but the following medications were signed for:
- , SOD 500 mg tablet take 1 tablet by mouth 3 times daily,
- , 4 mg tablet, take 1 tablet by mouth 2 times daily
- , 30 mg tablet, take 1 tablet by mouth at bed time
- , 10 mg tablet, take 1 tablet by mouth daily
-Metroprolol ER 100 mg tablet, take 1 tablet by mouth daily

Medication reconciliation revealed that the MOR matched Resident #12's medications.

During an interview on at 10:30 AM, Staff B stated "it's Resident #4." Then, Staff B made a phone call and said "no numbre en el paper the medication" came back and said "it is for Resident #12." At 10:44 AM Staff B stated the MOR belonged to Resident #12 and it was given to the owner that way. Staff B said "the Owner did not realize that the MOR did not have the name. The original have the name of the name of the resident. They did not give me the original. I called the owner and told her you were checking for that an that is what the Owner told me."

Uncorrected class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility also failed to have an accurate health assessment for one out 4 sampled residents (Resident #4).

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Findings included:

A review of Resident #4's file on revealed that the health assessment dated did not mention whether or not the resident needed assistance with self-administration of medication, medication administration or able to administer.

During an interview on at 1:03 PM, the Owner stated "You are trying to find stuff that is not there."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file a one day incident report for one out of 4 sampled residents who had in the facility (Resident #1). The facility also failed to file both, a one day and a 15 days incident report for one out of 4 sampled residents who and had broken bones (Resident #2).

Findings included:

A Review of the agency Incident Reporting System (AIRS) database on revealed that the facility did not file any incident reports.

Review of the facility record revealed that there was not an incident report available for a review.

During an interview on at 10:56 AM, the Owner stated that she was going to call the consultant because the consultant never told her anything about filing an incident report. At 1:03 PM, the Owner said that on the statement of deficiency she received she was never informed to do a correction for the incident report.

Record review revealed Resident #1 in the facility and Resident #2 and had broken bones.

Uncorrected Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on observation and record review, the facility failed to have a signed contract for execution by the resident or the resident's legal representative before or at the time of admission for 2 out of 4 sampled

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residents (Resident #4 and #12).

Finding included:

On at 8:24 AM Resident #12 was observed sitting in the living watching TV.

A review of the facility's admission and discharged log on revealed that Resident #12 was admitted on . A review of Resident #12's file revealed that the contract signed and dated did not have the monthly fee to be paid by the resident.

A review of Resident #4 on revealed that monthly fee to be paid by the resident was added to the contract with the same date of signature .

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to store 48 hours of fuel onsite to operate the generator.

Findings included:

On at 11:02 AM, observed a full container of 5 gallons of fuel in a shed at the facility backyard.

During an interview on at 11:03 AM, Staff B stated "only 5 gallons, that's it."

The facility's reported implementation date was .

Class III