STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968690	**10/24/2018**
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 licensure complaint survey, CCR #2018012447, was conducted on [redacted] at Oasis Palms Inc., License #12556. The facility had no deficiencies at the time of the survey.

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