STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968690	R **12/06/2018**
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 second revisit survey was conducted by desk review on 12/06/2018 for Oasis Palms, Inc, License #12556. The previously cited deficiency was found corrected on the day of the survey.