STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	R **01/08/2019**
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 Complaint (CCR# 2018012206) third revisit survey was conducted on 01/08/19. Oasis Center Care Corp with limited mental health component had deficiencies identified at the time of the survey cited under the monitoring survey.