

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968936	(X3) DATE SURVEY COMPLETED 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 standard monitoring survey was conducted on Oasis Center Care Corp. with limited mental health component license had deficiencies found at the time of the survey: 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview, the facility failed to complete the Medication Observation Records (MORs) according to the regulations for six out of six sample residents (resident #s 1, 2, 3, 4, 5 and 6). Findings included: On at 7:30 AM Staff B stated she had given already all the medication to the residents at 6:30 AM. When asked why she had not marked them on the MOR, she stated, "I thought that I had marked it already, and she started marking them. I always give the medications to them at the same time, I did not know that I had to give it to them an hour before 8:00 or an hour after." Medication observation record review revealed the morning medications was given already but was not marked on the MOR. Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for three out of six sampled residents (Resident #s 1, #2 and #6). Findings included: On from 7:40 AM to 9:28 AM resident interviews revealed the facility was the payee for three residents and that their payments went directly into the facility's bank account. Record review revealed that the monthly payment for the three residents are as follows: Resident #1 pays \$1195.00, Resident #2 pays \$1001.00, and Resident #6 pays \$1900.00. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/22/2019
FORM APPROVED**

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