STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	R 03/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS CENTER CARE CORP	**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 Monitoring Survey was conducted on . . . . . and concluded on . . . . . . Oasis Center Care Corp. with limited mental health component had deficiencies identified at the time of the visit.

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 (Residents #1, #2 and #6).

Findings included:

Review of the residents contract on . . . . . revealed that the monthly payment for the three residents were: Resident #1 paid $1195.00, Resident #2 paid $1001.00, and Resident #6 paid $1900.00. Further review showed that the facility had a documentation for a surety bond of $6.000.

In an interview on . . . . . at 1:15 PM, the Administrator stated "the surety bond is on the wall. I only received check for Resident #2."

In an interview on at 1:33 PM Resident #1 stated "Resident #2's social security check and mine go directly to the owner. I don't have a bank account, neither does Resident #2. No, we don't receive the check via mail."

Uncorrected Class III

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	AL11968936	R **03/04/2019**
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
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Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on record review and interview, the facility failed to demonstrate financial stability. The facility failed to ensure that its bank account had a monthly positive balance and was not delinquent with overdraft charges.

Findings include:

On at 1:27 PM, the Administrator stated "I have the banks statement with the accountant. I am going to see if I can email it today."

On received bank statements for the following months: , , and

Review of the bank statements on showed:
-The beginning balance on was (787.96) with $176.00 in overdraft fees.
-The beginning balance on was ($1,186.51) with $280.00 in overdraft.
The bank statement for was not negative at $436.36 however there were a total of $105.00 charges in overdraft fees. The facility is not financial sound.

Unclassified