

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968936	(X3) DATE SURVEY COMPLETED R 05/02/2019
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 2nd revisit to a Monitoring Survey was conducted at Oasis Center Care on The facility had no deficiencies identified at the time of the visit.