

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968457	(X3) DATE SURVEY COMPLETED 07/01/2014
NAME OF PROVIDER OR SUPPLIER Oasis Family Resort, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 5245 Nw 73rd Terrace Lauder Hill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - ZB15 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on The Oasis Family Resort had a deficiency found at the time of the visit.

ZB15-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, interview and record review, the facility failed to complete the background screening (BG), for 2 out of 3 employees (Employees A and B) before the employees provided direct care services to the residents or had access to resident records and medications.

The findings are:

In an observation on at 10:35am, Employees A and B were the only ones in the facility with a census of 6 residents. In an interview with Employee A on at 10:35am, she stated that she was a caregiver who provided direct care services to the residents and that the administrator was not onsite at that time.

In an observation on at 10:40am, Employee B was in the administrative office sorting the residents' medications. She stated at this time that she was sorting and organizing the residents' medications because the administrator asked her to help out in the facility today.

Review of Employee A's record indicated that she was initially hired at the facility on and did not have a completed BGS confirmation. Review of the facility's employee records indicated that there was no record for Employee B.

In an interview with the Administrator on at 11:35am, she stated that Employee A had submitted her BGS information to the state on but has not yet received her confirmation of eligibility. She stated that Employee A was currently working in the facility in a direct care position as a resident caregiver. She also stated that Employee B was considered a "per diem" or part-time employee and that she did not have a completed BGS available for this employee.

Review of the BGS website on indicated that Employee A was "awaiting fingerprints" and did not show eligibility. Further review of the Agency BGS website indicated that there was no available data for Employee B.

Unclassified



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

2014

Administrator
Oasis Family Resort, LLC
5245 NW 73rd Terrace
Lauder Hill, FL 33319

RE: Extended Congregate Care (ECC) Monitoring Visit

Dear Administrator:

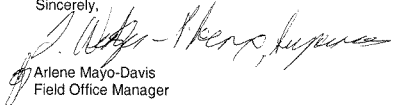
This letter reports the findings of a Extended Congregate Care (ECC) visit that was conducted on 10/1/2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 30 days to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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