

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968457	(X3) DATE SURVEY COMPLETED 12/30/2014
NAME OF PROVIDER OR SUPPLIER Oasis Family Resort, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5245 NW 73rd Terrace Lauder Hill, FL 33319-6316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility (ALF) relicensure survey was conducted on 12/30/2014 at Oasis Family Resort, LLC. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 12, 2015

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 30, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

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