

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968457	(X3) DATE SURVEY COMPLETED 03/01/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Relicensure survey was conducted on _____ at Oasis Family Resort (license# 12332). The facility had deficiencies identified at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to ensure all direct care staff had received the required in-service trainings within 30 days of hire, for 2 of 3 sampled staff records reviewed (Staff A and Staff C).

The findings included:

Review of Staff A's file revealed a hire date of _____, as Home Health Aide. Further record review revealed no evidence Staff A had completed the following in-service trainings; 1-hour training specific to the facility policy and procedure for Elopement, Emergency Preparedness and Evacuation and Recognizing _____, Neglect and _____.

Review of Staff C's file revealed a hire date of _____ as a licensed staff Registered Nurse (RN). Further record review revealed no evidence that Staff C had completed the following in-service trainings; 1-hour training specific to the facility policy and procedure for Elopement.

On _____ at 12:00 PM, the Administrator was made aware of the findings. She stated the files could have been thinned out, because she could not locate the certificates. She further stated that she did not think that she needed this, since she and her husband had both been CORE trained. She stated that she was sure the training had been completed. She acknowledged that she could not locate them at the time of the survey.

Class III

0090 - Training - _____ - 58A-5.0191(11) FAC

Based on interview and record review, it was determined the facility failed to ensure that all staff members had completed at least one hour of training in the facility's policy and procedures regarding _____ Training (_____), for 2 out of 2 sampled employee files reviewed (Staff A & Staff C).

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
The findings included: Review of Staff A's file revealed a hire date of _____, as Home Health Aide. Further record review revealed no evidence Staff A had completed the 1 hour training on _____. Review of Staff C's file revealed a hire date of _____ as a licensed staff Registered Nurse (RN). Further record review revealed no evidence that Staff C had completed the 1 hour training on _____. On _____ at 12:00 PM, the Administrator was made aware of the findings. She stated the files could have been thinned out, because she could not locate the certificates. She further stated that she did not think that she needed this, since she and her husband had both been CORE trained. She stated that she was sure the training had been completed. She acknowledged that she could not locate them at the time of the survey. Class III		