

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968457	(X3) DATE SURVEY COMPLETED R 04/27/2017
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

A relicensure revisit survey was conducted by desk review on 04/27/2017 for Oasis Family Resort (License # 12332). The facility had no deficiencies found at the time of the visit.