STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968936	R **03/13/2018**
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 Standard Biennial 2nd Revisit Survey was conducted on 03/13/2018. Oasis Center Care Corp. (License #12788) with Limited Mental Health component had deficiencies identified at time of the survey:

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the facility failed to ensure that all the staff had documentation of the required Level 2 background screening results for one out six (Staff F) sampled staff.

Findings included:

Observation on . . . . at 9:30 AM. found Staff B and F were caring for the residents at the facility.

Staff' F's record review showed it did not contain documentation of the level 2 background screening.

A review of the Agency's background screening database on . . . . showed she had an eligibility status dated .

Interview conducted on at 10:10 AM, Staff F stated, "I started to work in the facility today. I had level II background screening because I worked in another ALF before, but I left my documents at home.

Class III