

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968457	(X3) DATE SURVEY COMPLETED 12/05/2018
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 Abbreviated Relicensure survey was conducted on _____ at Oasis Family Resort, LLC, License #12332. The facility had deficiencies at the time of the survey. 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____ including (_____) annually, for 3 of 3 sampled employee records reviewed (Administrator; Staff A and B). The Findings Included: During an employee record review on _____ with the Administrator for three staff members, revealed the Administrator; Staff A; and B, did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable _____, including _____ annually. The last noted examination was noted as the following; a) Administrator - last examination noted as _____ b) Staff A - last examination noted as _____ c) Staff B - last examination noted as _____ During an interview with the Administrator, on _____ at 2:00PM, she confirmed the finding and no further documentation or information provided. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division. The findings included: A record review of the facility's last CEMP letter dated _____ by the local County Authorities with an _____		

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expiration date of The facility failed to submit a new plan to the local Emergency Management officials for review and approval annually. The facility is required to submit the new plan 60 days prior to the expiration date. The facility submitted the CEMP in and received a letter dated from the local Emergency Management Division, indicates after a review of the facility's plan, it does not fulfil the required criteria. The facility made corrections and re-submitted it on and it is pending approval. During an interview with the Administrator, on at 2:00PM, she confirmed the findings and no further documentation provided. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review, observation, and interview, the facility failed to notify each resident/resident representative in writing of the emergency plan and failed to develop written policies and procedures to ensure the facility can effectively operate and maintain the alternate power source . In addition, the facility does not have any fuel required for the operation of the alternate power source or have an agreement to obtain the required fuel. The findings included: During an interview, with the Administrator, on at 1:30 PM, she stated that the facility does not have a written policy and procedure on how to maintain and operate the alternative power source (portable generator), including any additional fuel that is necessary to operate the generator. The facility had no documentation regarding how many gallons needed for the generator and for how many hours; no arrangement to obtain fuel; no documentation of a plan for testing the generator, the frequency, or a designated person assigned to test it. The facility failed to have their approved emergency plan available; monoxide detector are not installed; and the facility has not trained staff on the emergency procedures including monitoring the air temperature (not exceeding 81 degrees) and monitoring residents temperature and hydration. During an interview with the Administrator, on at 1:30 PM, she confirmed the findings and no further documentation provided. Class III		