

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968457	(X3) DATE SURVEY COMPLETED R 02/01/2019
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 revisit survey was conducted on 02/01/2019 for Oasis Family Resort, LLC. License #12332. Previously cited deficiencies were found corrected on the day of the survey.