STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS AT 30TH	5651 E 30TH STREET, INDIANAPOLIS, , 46218

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00372076, IN00377327, IN00379606, IN00380166 and a COVID-19 Quality Assurance Walk Through. Complaint IN00372076 - Substantiated- State residential findings related to the allegations are cited at R144 and R297. Complaint IN00377327 - Substantiated- State residential findings related to the allegations are cited at R144. Complaint IN00379606 - Substantiated- State residential findings related to the allegations are cited at R144, R149, and R297. Complaint IN00380166 - Substantiated- State residential findings related to the allegations are cited at R297 and R407.	R 0000		

	Survey dates: May 19, 2022 Facility number: 013347 Residential Census: 113 These state residential findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on May 23, 2022			
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, interview, and record review, the facility failed to ensure housekeeping services were provided for 5 of 113 residents with the potential to affect all 113 residents that reside in the facility. (Residents C, D, F, J, and H) Findings include:	R 0144	1. What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice: The Housekeeping Policy was reviewed for compliance. Residents C, D, F, J, and H's report of no housekeeping was reviewed and employees were sent to clean apartments. Residents C, D, F, J, and H have shown no adverse effects of incident. 2. How the facility will identify other residents having the potential to be affected by the same deficient practices and what corrective actions will be taken: Staffing shall be sufficient to ensure that all residents have housekeeping services offered per policy. 3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur: A housekeeping schedule has been created and distributed to	06/06/2022

	An interview conducted with Resident D, on 5/19/22 at 11:12 a.m., indicated her apartment was supposed to be cleaned routinely but that hasn't been done for approximately 2 to 3 weeks. An interview conducted with Resident F, on 5/19/22 at 11:50 a.m., indicated his apartment hasn't been cleaned in 2 to 3 weeks. The floors in the kitchen and living area were observed to be sticky with debris noted. Resident F stated he tried to sweep and mop the floors himself, but he becomes short of breath and cannot complete the task. An observation was conducted of Resident J's apartment, on 5/19/22 at 11:42 a.m., and there was an odor of urine along with debris to the kitchen floor. Staff Member 2 was present and indicated Resident J's apartment could stand to be cleaned. A grievance, in the form of an e-mail, dated 4/15/22, indicated the apartment was not cleaned the prior week and was not going to get cleaned that day. This e-mail was from Resident H. An interview conducted with Family Member 3, on 5/20/22 at 10:46 a.m., indicated the facility staff have not been in to clean		employees to ensure all areas are covered as indicated on the schedule. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Department Directors will walk through the building daily and will report to the appropriate department director.	

	Resident C's room. The floors and the bathroom were very dirty and not cleaned on a routine basis. An interview conducted with Staff Member 2 during the survey indicated the housekeeping department was very understaffed. The dietary staff will be pulled to help clean the residents' apartments and sometimes the nursing staff will help as well if there was extra time to do such. An interview conducted with the Maintenance Director, on 5/19/22 at 12:08 p.m., indicated housekeeping has been an ongoing issue. There are currently no housekeepers on staff. The staff that do the dishes in the kitchen have been stepping in to assist with cleaning the apartments and some of the nursing staff have been helping as well until we can hire housekeeping staff. An interview conducted with the Business Office Manager (BOM), on 5/19/22 at 4:37 p.m., indicated there wasn't a policy on housekeeping services or anything listed in the lease. The facility conducts weekly apartment cleanings that consist of sweeping and mopping the floors in the bathroom and kitchen area. This State tag relates to			

Complaints IN00372076, IN00377327, and IN00379606.

Based on observation, interview, and record review, the facility failed to ensure housekeeping services were provided for 5 of 113 residents with the potential to affect all 113 residents that reside in the facility. (Residents C, D, F, J, and H)

Findings include:

An interview conducted with Resident D, on 5/19/22 at 11:12 a.m., indicated her apartment was supposed to be cleaned routinely but that hasn't been done for approximately 2 to 3 weeks.

An interview conducted with Resident F, on 5/19/22 at 11:50 a.m., indicated his apartment hasn't been cleaned in 2 to 3 weeks. The floors in the kitchen and living area were observed to be sticky with debris noted. Resident F stated he tried to sweep and mop the floors himself, but he becomes short of breath and cannot complete the task.

An observation was conducted of Resident J's apartment, on 5/19/22 at 11:42 a.m., and there was an odor of urine along with debris to the kitchen floor. Staff Member 2 was present and indicated Resident J's apartment could stand to be

cleaned.

A grievance, in the form of an e-mail, dated 4/15/22, indicated the apartment was not cleaned the prior week and was not going to get cleaned that day. This e-mail was from Resident H.

An interview conducted with Family Member 3, on 5/20/22 at 10:46 a.m., indicated the facility staff have not been in to clean Resident C's room. The floors and the bathroom were very dirty and not cleaned on a routine basis.

An interview conducted with Staff Member 2 during the survey indicated the housekeeping department was very understaffed. The dietary staff will be pulled to help clean the residents' apartments and sometimes the nursing staff will help as well if there was extra time to do such.

An interview conducted with the Maintenance Director, on 5/19/22 at 12:08 p.m., indicated housekeeping has been an ongoing issue. There are currently no housekeepers on staff. The staff that do the dishes in the kitchen have been stepping in to assist with cleaning the apartments and some of the nursing staff have been helping as well until we can hire housekeeping staff.

	An interview conducted with the Business Office Manager (BOM), on 5/19/22 at 4:37 p.m., indicated there wasn't a policy on housekeeping services or anything listed in the lease. The facility conducts weekly apartment cleanings that consist of sweeping and mopping the floors in the bathroom and kitchen area. This State tag relates to Complaints IN00372076, IN00377327, and IN00379606.			
R 0149	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(f) (f) The facility shall have a pest control program in operation in compliance with 410 IAC 7-24. Based on interview and record review, the facility failed to implement a pest control program after facility staff notification of possible bed bugs for 1 of 3 residents reviewed for pest control. (Resident C) Findings include: An interview with Staff Member 2 during the survey indicated Resident C's room had bed bugs. Staff Member 2 had known about the bed bugs for over a weeks' time and had physically seen them in the bed.	R 0149	What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice: The Pest Control Policy was reviewed and compared to the pest control service log. No other residents were found to be affected. 2. How the facility will identify other residents having the potential to be affected by the same deficient practices and what corrective actions will be taken: Residents will be reminded at Resident Council of the pest concern reporting procedures; staff will be in serviced with pest reporting procedures to ensure appropriate reporting. 3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not	06/06/2022

	Resident C had complained about the bed bugs to Staff Member 2. An interview conducted with Family Member 3, on 5/20/22 at 10:46 a.m., indicated an aide contacted them on 5/4/22 about noticing a bed bug on Resident C's pajama top and droppings on her bed. The facility administrative staff would never return their calls about the issue, so they contacted CICOA case management about the pest issue. CICOA told them an exterminator would be out to treat the room of Resident C. An interview conducted with Maintenance Director (MD), on 5/19/22 at 12:08 p.m., indicated they were not aware of any pest concerns for Resident C's room. It's up to the staff to notify him or put the pest concerns in the logbook for follow up. A document that was identified as the "logbook" for pests indicated bed bugs were documented for Resident C's room on 4/7/22. Under the category indicating if a treatment was completed there was a line marked through and no initials inputted. It was noted again as bed bugs for Resident C's room on 5/6/22 and initials were noted under the category of "done". Another interview with MD, on		recur: Maintenance Director will check pest control log weekly to ensure reported pests are being treated and report any untreated resident apartments to the Administrator. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Audits will be completed to ensure compliance and reviewed monthly in QA monthly meeting.	

	5/19/22 at 4:52 p.m., indicated (name of pest control company) was in on 5/19/22 and he spoke with them regarding Resident C's room. The pest control company indicated to him they came on 5/18/22 and sprayed the room then. MD was not aware of the pest control company coming out to treat Resident C's room on 5/18/22. Invoices were reviewed from (name of pest control company), from March of 2022 to May of 2022. There was no indication there was treatment for bed bugs on or after April of 2022. On 5/19/22 at 4:35 p.m., the Business Office Manager (BOM) indicated she had the policies that the Executive Director had given to her, and the pest control policy was included. There was no pest control policy that was present at that time. This State tag relates to Complaint IN00379606. Based on interview and record review, the facility failed to implement a pest control program after facility staff notification of possible bed bugs for 1 of 3 residents reviewed for pest control. (Resident C) Findings include: An interview with Staff Member 2 during the survey indicated Resident C's room had bed			

bugs. Staff Member 2 had known about the bed bugs for over a weeks' time and had physically seen them in the bed. Resident C had complained about the bed bugs to Staff Member 2.

An interview conducted with Family Member 3, on 5/20/22 at 10:46 a.m., indicated an aide contacted them on 5/4/22 about noticing a bed bug on Resident C's pajama top and droppings on her bed. The facility administrative staff would never return their calls about the issue, so they contacted CICOA case management about the pest issue. CICOA told them an exterminator would be out to treat the room of Resident C.

An interview conducted with Maintenance Director (MD), on 5/19/22 at 12:08 p.m., indicated they were not aware of any pest concerns for Resident C's room. It's up to the staff to notify him or put the pest concerns in the logbook for follow up.

A document that was identified as the "logbook" for pests indicated bed bugs were documented for Resident C's room on 4/7/22. Under the category indicating if a treatment was completed there was a line marked through and no initials inputted. It was noted again as bed bugs for Resident C's room on 5/6/22 and initials

	were noted under the category of "done". Another interview with MD, on 5/19/22 at 4:52 p.m., indicated (name of pest control company) was in on 5/19/22 and he spoke with them regarding Resident C's room. The pest control company indicated to him they came on 5/18/22 and sprayed the room then. MD was not aware of the pest control company coming out to treat Resident C's room on 5/18/22. Invoices were reviewed from (name of pest control company), from March of 2022 to May of 2022. There was no indication there was treatment for bed bugs on or after April of 2022. On 5/19/22 at 4:35 p.m., the Business Office Manager (BOM) indicated she had the policies that the Executive Director had given to her, and the pest control policy was included. There was no pest control policy that was present at that time. This State tag relates to Complaint IN00379606.			
R 0297	Pharmaceutical Services - Noncompliance 410 IAC 16.2-5-6(c)(1) (c) If the facility controls, handles, and administers medications for a resident, the facility shall do the	R 0297	What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice: An audit of the MAR will be completed to identify more discrepancies with the MAR. The Medication Administration Record (MAR) will be updated to	06/15/2022

	following for that resident: (1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana. Based on interview and record review, the facility failed to ensure medications were signed off, as administered, for 3 of 5 residents reviewed for medication administration. (Resident C, D, and F) Findings include: 1. The clinical record for Resident C was reviewed on 5/19/22 at 1:50 p.m. The diagnosis included, but were not limited to, hypertension. The following physician orders were noted in Resident C's clinical record: - donepezil 5 milligrams at bedtime, - hydralazine 50 milligrams three times daily, - latanoprost drops at bedtime, - melatonin 5 milligrams at bedtime, & - pregabalin 50 milligrams at bedtime. The April of 2022 and May of		reflect the medication administration status. No adverse effects have been noted for Resident C, D, or F. 2. How the facility will identify other residents having the potential to be affected by the same deficient practices and what corrective actions will be taken: An audit will be conducted by DON or Designee to identify any other MARs affected by this deficient practice. 3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur: Nursing staff will be in serviced on Medication Administration policy & procedure to ensure they document medication administration accurately. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: DON or Designee to audit MARs weekly to ensure medication administration is being accurately documented. Results of audits will be reviewed at QA with any patterns identified with resolution.	

	2022 Medication Administration Records (MARs) were reviewed and indicated the following undocumented administrations of medications: - 11 doses of donepezil 5 milligrams, - 22 doses of hydralazine 50 milligrams, - 11 doses of latanoprost drops, - 11 doses of melatonin 5 milligrams, & - 11 doses of pregabalin 50 milligrams. 2. The clinical record for Resident D was reviewed on 5/19/22 at 1:50 p.m. The diagnoses included, but was not limited to, hypertension, dementia, diabetes mellitus, congestive heart failure, and major depression. The following physician orders were noted in Resident D's clinical record: - acetaminophen 500 milligrams; 2 tablets three times daily, - melatonin 3 milligrams at bedtime, - mirtazapine 15 milligrams at bedtime, - olanzapine 10 milligrams at			

	bedtime, - omeprazole 40 milligrams at noon, & - simvastatin 20 milligrams at bedtime. The April of 2022 and May of 2022 MARs were reviewed and indicated the following undocumented administrations of medications: - 22 doses of acetaminophen 500 milligrams; 2 tablets, - 8 doses of melatonin 3 milligrams, - 8 doses of mirtazapine 15 milligrams, - 8 doses of olanzapine 10 milligrams, - 12 doses of omeprazole 40 milligrams, & - 8 doses of simvastatin 20 milligrams. 3. The clinical record of Resident F was reviewed on 5/19/22 at 2:03 p.m. The diagnoses included, but were not limited to, anemia, cirrhosis of liver, chronic obstructive pulmonary disease, diabetes mellitus, and heart failure.			

The following physician orders were noted in Resident F's clinical record:

- gabapentin 300 milligrams three times daily &

- lactulose 45 milliliters three times daily.

The April of 2022 and May of 2022 MARs were reviewed and indicated the following undocumented administrations of medications:

- 10 doses of gabapentin 300 milligrams &

- 12 doses of lactulose 45 milliliters.

A policy titled "Medication Oversight, Assistant and Administration", revised 10/28/2019, was provided by the Business Office Manager on 5/19/22 at 4:14 p.m. The policy indicated the following, "...Administration...If medication administration is provided, the licensed nurse will document the administration including medication, dose, route, date, and time of administration on the Medication Assistance Record...."

This State tag relates to Complaints IN00372076, IN00379606, and IN00380166.

Based on interview and record review, the facility failed to

	ensure medications were signed off, as administered, for 3 of 5 residents reviewed for medication administration. (Resident C, D, and F) Findings include: 1. The clinical record for Resident C was reviewed on 5/19/22 at 1:50 p.m. The diagnosis included, but were not limited to, hypertension. The following physician orders were noted in Resident C's clinical record: - donepezil 5 milligrams at bedtime, - hydralazine 50 milligrams three times daily, - latanoprost drops at bedtime, - melatonin 5 milligrams at bedtime, & - pregabalin 50 milligrams at bedtime. The April of 2022 and May of 2022 Medication Administration Records (MARs) were reviewed and indicated the following undocumented administrations of medications: - 11 doses of donepezil 5 milligrams,			

	- 22 doses of hydralazine 50 milligrams, - 11 doses of latanoprost drops, - 11 doses of melatonin 5 milligrams, & - 11 doses of pregabalin 50 milligrams. 2. The clinical record for Resident D was reviewed on 5/19/22 at 1:50 p.m. The diagnoses included, but was not limited to, hypertension, dementia, diabetes mellitus, congestive heart failure, and major depression. The following physician orders were noted in Resident D's clinical record: - acetaminophen 500 milligrams; 2 tablets three times daily, - melatonin 3 milligrams at bedtime, - mirtazapine 15 milligrams at bedtime, - olanzapine 10 milligrams at bedtime, - omeprazole 40 milligrams at noon, & - simvastatin 20 milligrams at bedtime. The April of 2022 and May of			

	2022 MARs were reviewed and indicated the following undocumented administrations of medications: - 22 doses of acetaminophen 500 milligrams; 2 tablets, - 8 doses of melatonin 3 milligrams, - 8 doses of mirtazapine 15 milligrams, - 8 doses of olanzapine 10 milligrams, - 12 doses of omeprazole 40 milligrams, & - 8 doses of simvastatin 20 milligrams. 3. The clinical record of Resident F was reviewed on 5/19/22 at 2:03 p.m. The diagnoses included, but were not limited to, anemia, cirrhosis of liver, chronic obstructive pulmonary disease, diabetes mellitus, and heart failure. The following physician orders were noted in Resident F's clinical record: - gabapentin 300 milligrams three times daily & - lactulose 45 milliliters three times daily. The April of 2022 and May of 2022 MARs were reviewed and			

	indicated the following undocumented administrations of medications: - 10 doses of gabapentin 300 milligrams & - 12 doses of lactulose 45 milliliters. A policy titled "Medication Oversight, Assistant and Administration", revised 10/28/2019, was provided by the Business Office Manager on 5/19/22 at 4:14 p.m. The policy indicated the following, "...Administration...If medication administration is provided, the licensed nurse will document the administration including medication, dose, route, date, and time of administration on the Medication Assistance Record...." This State tag relates to Complaints IN00372076, IN00379606, and IN00380166.			
R 0407	Infection Control - Noncompliance 410 IAC 16.2-5-12(b)(1-4) (b) The facility must establish an infection control program that includes the following: (1) A system that enables the facility to analyze patterns of known infectious symptoms. (2) Provides orientation and in-service education on infection	R 0407	What corrective Actions will be accomplished for those residents found to have been affected by the deficient practice: An audit of vital signs was reviewed, and no residents were found to be affected. 2. How the facility will identify other residents having the potential to be affected by the same deficient practices and what corrective	06/06/2022

	prevention and control, including universal precautions. (3) Offering health information to residents, including, but not limited to, infection transmission and immunizations. (4) Reporting communicable disease to public health authorities. Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 and ensure infection control was maintained by failing to wear face masks appropriately within proximity to other staff members and residents. This had the potential to affect all 113 residents that reside in the facility. Findings include: An observation of the kitchen was conducted on 5/19/22 at 9:35 a.m. The Dietary Manger (DM), Dietary Assistant (DA) 4, and DA 5 were present. They all did not have a mask in place. DA 5 had a mask that was pulled down exposing his nose and mouth. The DM and DA 4 did not have a mask on at all. This was going on during the entire kitchen observation from 9:35 a.m. to 9:45 a.m. All three staff members came within 6 feet of each other on different occasions during the kitchen observation.		actions will be taken: No other residents were identified as being affected by this deficient practice. Facility continues staff and resident COVID-19 screenings daily, with no new positive alerts/ results to date. 3. What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur: Staff will be re-in serviced on the policy of wearing surgical masks. Audits will be completed and reviewed at stand up for compliance with the wearing of surgical masks. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Results of audits will be reviewed at QA with any patterns identified with resolution.	

An observation conducted on 5/19/22 at 12:00 p.m., DM 5 was in the main lobby surrounded by numerous residents that were within 6 feet of him. His mask was pulled down exposing his nose during the interaction with the numerous residents.

A policy titled "Covid-19 Resident Safety Policy and Resident Promise", revised 5/2022, was provided by the Business Office Manager on 5/19/22 at 4:14 p.m. The policy indicated the following, "...Furthermore, we will adhere to Universal Source Control guidelines. This includes but is not limited to: mandatory mask usage for all employees and visitors per CDC guidelines and recommendations...."

This State tag relates to Complaint IN00380166.

Based on observation, interview, and record review, the facility failed to properly prevent and/or contain COVID-19 and ensure infection control was maintained by failing to wear face masks appropriately within proximity to other staff members and residents. This had the potential to affect all 113 residents that reside in the facility.

Findings include:

An observation of the kitchen

was conducted on 5/19/22 at 9:35 a.m. The Dietary Manger (DM), Dietary Assistant (DA) 4, and DA 5 were present. They all did not have a mask in place. DA 5 had a mask that was pulled down exposing his nose and mouth. The DM and DA 4 did not have a mask on at all. This was going on during the entire kitchen observation from 9:35 a.m. to 9:45 a.m. All three staff members came within 6 feet of each other on different occasions during the kitchen observation.

An observation conducted on 5/19/22 at 12:00 p.m., DM 5 was in the main lobby surrounded by numerous residents that were within 6 feet of him. His mask was pulled down exposing his nose during the interaction with the numerous residents.

A policy titled "Covid-19 Resident Safety Policy and Resident Promise", revised 5/2022, was provided by the Business Office Manager on 5/19/22 at 4:14 p.m. The policy indicated the following, "...Furthermore, we will adhere to Universal Source Control guidelines. This includes but is not limited to: mandatory mask usage for all employees and visitors per CDC guidelines and recommendations...."

This State tag relates to

	Complaint IN00380166.			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE