STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	03/10/2023

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 a Post Survey Revisit (PSR) to the Investigation of Complaint IN00400056 completed on State Residential Licensure Survey completed on 1/31/23. This visit was in conjunction with a PSR to the State Residential License Survey and the PSR to the Investigation of Complaint IN00397134 completed on 12/20/22. Complaint IN00397134 - corrected. Complaint IN00400056 - corrected. Survey dates: March 10, 2023 Facility number: 013347 Residential Census: 105	R 0000		

Oasis at 30th was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00400056.

Quality review completed on March 14, 2023

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This visit was in conjunction with a PSR to the State Residential License Survey and the PSR to the Investigation of Complaint IN00397134 completed on 12/20/22.

Complaint IN00397134 - corrected.

Complaint IN00400056 - corrected.

Survey dates: March 10, 2023

Facility number: 013347

Residential Census: 105

Oasis at 30th was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00400056.

Quality review completed on March 14, 2023

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